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A STUDY OF FACTORS WHICH INFLUENCE THE INITIAL ENGAGEMENT OF CLIENTS  
IN COUNSELLING IN AN AGENCY OFFERING MARRIAGE COUNSELLING SERVICES

by

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## ABSTRACT

The problem of initially engaging clients in counselling, at an agency offering marriage counselling services, is complex. It is often difficult to motivate the couple to come together to the first interview. Many clients book appointments which they do not keep, and others attend only one interview. The aim of this study was to identify specific factors likely to influence the initial engagement of clients with marital problems in an agency setting.

A literature survey was done and four groups of factors likely to influence the initial engagement of clients in counselling were identified. These factors are: client factors, including demographic, problem related and expectation related factors, actuarial factors, including waiting time for the first appointment, agency hours and agency fees, interactional factors, including agency-client interaction in the initial telephone contact and in the first interview, and counsellor factors.

In order to assess the effect of these factors on the initial engagement of clients in counselling at a marriage counselling agency, three groups were compared: 38 Defectors (prospective clients who booked an appointment but failed to keep it), 36 Single Interview Cases and 36 Continuers (clients who attended more than one interview). A structured telephone interview was conducted with the 110 randomly selected subjects in these 3 sample groups. The data from the structured telephone interview were analysed using Chi-square and ANOVA tests. Statistically significant relationships were shown amongst sample groups for some client, interactional and actuarial factors. Important findings are that interactional factors in the initial telephone contact and the first interview are, according to clients, the factors most significantly related to client

engagement in marriage counselling while client factors such as income, age of female client and the way clients see their problem have been shown to be related to engagement in marriage counselling; client's expectations as to the immediacy of the expected response are of particular importance. When clients book an initial conjoint appointment and both spouses initiate the contact together, there is more likelihood that clients will engage beyond one interview. Clients whose first appointments are booked longer than 4 days after the initial telephone contact are less likely to attend that interview. Clients who feel less positive about the counselling fee are also less likely to engage.

The intake procedures of 12 agencies offering marriage counselling services (branches of Family and Marriage South Africa, FAMSA) were also explored using a mailed questionnaire. Two general patterns of intake procedures were identified and discussed in relation to the findings of this study. Some tentative guidelines for initially engaging clients in counselling at agencies offering marriage counselling services, based on the statistically and substantively significant findings of this study, were formulated. Topics for further research in this area have been identified.

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## CHAPTER 1

### ORIENTATION TO THE STUDY AND ITS CONTEXT

#### 1.1 INTRODUCTION

What factors influence clients' initial engagement in counselling in a marriage counselling agency? Engagement in counselling has been the subject of considerable research in family and individual therapy.

There is very little literature on the subject of engaging clients with marital problems, however. In the field of family therapy the close link between engaging and convening clients has been highlighted (Teisman, 1980). There is growing consensus too, that it is the therapist's responsibility to engage and appropriately convene clients in family therapy (Stanton and Todd, 1981; Carpenter and Treacher, 1983).

The issue of engaging and convening clients in a marriage counselling agency presents some unique difficulties. The importance of seeing both partners when the marriage is the presenting problem is self evident. Yet coming together for counselling may be the last thing the conflicted couple themselves want. For example, one or both partners may be considering divorce. One of these partners may wish to work at the marriage while the other has little commitment to either the marriage or marriage counselling. In other instances, the primary motive for counselling may be to change the spouse in some way - to get him or her back from a lover, to stop drinking and/or being violent. Often these urgent requests are made at a point in time when wild horses would not drag the spouse in question into a marriage counsellor's office. Only a small number of couples appear to have made a joint decision to work on the relationship before requesting counselling. Prospec-

tive clients contacting a marriage counselling agency want help, whatever the nature of their problem.

The initial response of a marriage counselling agency to these often urgent, critical and varied requests may determine whether or not clients become engaged in working on their relationship problems appropriately.

The situation is complicated in an agency setting, however. While an individual counsellor could be intuitively responsive to client's different needs in the initial contact, the form and content of the intake procedures in an agency are often determined by factors apart from client needs. The availability of staff and time influences the initial contact. Agency policy determines the form and content of intake procedures. For example, it might be agency policy to request that all clients come together to the first interview. The urgency of many requests might put great pressure on agencies in which the intake policy is to offer the earliest available appointment with minimal exploration of the problem. A continual posture of reacting indiscriminately to clients' needs could lead, on the other hand, to burnout of agency staff (Bryan, 1980), which lessens the responsiveness of the agency to prospective clients.

The purpose of this study is to begin to identify factors which influence client engagement in marriage counselling, and to look more closely at the intake procedures used in marriage counselling agencies. It is hoped that these activities will generate some facts which will contribute to the body of knowledge needed to develop optimal engaging strategies in marriage counselling agencies.



## 1.2 GENERAL DEFINITION OF TERMS

A number of general definitions are now presented in order to establish clarity of meaning at an early stage.

COUNSELLING is described by Patterson (1966: 3) as 'work with less disturbed clients who have specific problems with less accompanying personality disturbance, usually in a non-medical setting'.

MARRIAGE COUNSELLING in this study refers to counselling as described above by Patterson (1966), which is offered to clients whose presenting problem is to do with the marital or couple relationship. Marriage counselling is therefore used in its broadest sense and could include counselling at all stages of the marital relationship, including premarital counselling, working on the marriage relationship with couples or individuals, or divorce counselling with couples or individuals.

CONJOINT COUNSELLING refers to the practice of seeing both partners together during counselling sessions.

INITIAL ENGAGEMENT in marriage counselling refers to different levels of the prospective client's acceptance of or involvement with marriage counselling from the moment the client first contacts the agency. The three levels of initial engagement to be explored in this study are engagement to the extent of booking an appointment, attending the first appointment and attending more than one appointment. It should be noted that attending three sessions is the criterion for 'engagement' in most family therapy studies (Slipp, Ellis and Kressel, 1974: 417). The assumption in this study is that no further levels of engagement are possible unless initial engagement is successful.

INTAKE PROCEDURES in this study refers to the routine interaction between an agency and a prospective client from the moment a client first contacts an agency culminating in the prospective client being referred to a more appropriate resource, or the agency accepting the prospective client as a client and the prospective client accepting the role of client.

FIRST INTERVIEW in this study refers to the first face-to-face counselling interview the client or couple has with the counsellor to whom they have been allocated for ongoing counselling.

DEFECTORS in this study refers to clients who book an appointment but fail to attend that appointment, whether they simply do not turn up, or they 'phone to cancel the appointment. The term 'defectors' was first used by Shapiro and Budman (1973).

SINGLE INTERVIEW CASES in this study refers to clients who only attend one counselling appointment, and neither the client, client's spouse nor couple return for further face-to-face counselling. In many studies such clients are referred to as 'dropouts' or 'early terminators'. However, both these terms imply that counselling did not continue for negative reasons. The term 'Single interview cases' was chosen in preference, as it was felt that reasons for only attending one interview could in fact be positive and by mutual agreement of client and counsellor.

CONTINUERS in this study refers to cases in which more than one interview was attended on a separate occasion by the original client, the client's spouse or the couple.

### 1.3 BACKGROUND TO THE STUDY

This study was conducted at the Western Cape branch of Family and Marriage South Africa (FAMSA W.C.). The researcher has been employed at this agency as a social worker doing marriage counselling for the past five years. FAMSA W.C. offers counselling services to couples and individuals with marital problems which could occur at any stage of the development, stress or dissolution of the marriage relationship. For some time now there has been an increasing awareness at FAMSA W.C. of clients booking appointments and not keeping them (defecting) or only attending initial appointments.

Research on the profiles of couples who engage in conjoint marital counselling (de Leeuw, 1987) has been in progress at FAMSA W.C. since 1983. De Leeuw's study has also highlighted the small number of couples who engage in conjoint counselling, and added impetus to the question of what factors influence engagement in marriage counselling.

The question of whether routinely to encourage clients to come with their spouse to the first appointment is an issue which has given rise to a great deal of discussion in the agency, and pertains to initial engagement in marriage counselling. Research studies on marital therapy reviewed by Gurman and Kniskern (1978a) support the greater effectiveness of conjoint counselling. This research has had a strong influence on the practice of marriage counselling.

It has been agency policy for the past five years to ask couples to come with their partner to the first interview whenever possible. While more couples come together than in the past, there are also frequently times when one spouse refuses to come, or when the prospective client is reluctant to ask the spouse to come. In practice it would appear that a number of clients who come to a marriage counselling agency, are in fact seriously considering divorce. Cookerly's (1973) research which shows that joint interviews were more effective in improving the marital relationship, and individual sessions produced a better outcome in divorce counselling is interesting. What approach will best allow initial engagement of clients in an agency responding to a wide variety of marital problems?

Defection causes an administrative and financial problem for an agency with limited resources. The reasons why clients defect or attend only one interview are unknown, and therefore often a source of tension for staff attempting to engage clients in marriage counselling. Situations such as these where the outcome is unknown could contribute to staff burnout (Bryan, (1980).

But what of the many prospective clients who have got as far as booking an appointment or attending one interview but do not become further engaged in counselling? Who are these clients? What are their needs and expectations, and how do they feel about the initial interaction with the agency?

The initial response of FAMSA W.C. to the growing awareness of defection and single interview cases was a decision to change its intake procedures. But the task was not straightforward. No studies providing

guidelines for the most effective ways of engaging the broad spectrum of clients who present at a marriage counselling agency were available.

Intake procedures form the interface between the agency and the community, and simply changing intake procedures could cost the agency money and still not be the most effective means of engaging clients in marriage counselling. Research on this topic is urgently needed.

#### 1.4 INCIDENCE OF DEFECTION AND SINGLE INTERVIEWS AT FAMSA W.C.

The following tables show the extent of defection and attendance of only one interview at FAMSA W.C. from July - December, 1985.

Table 1: TOTAL NUMBER OF DEFECTORS (DEF.), SINGLE INTERVIEW CASES (SIC.) AND CONTINUERS (CONT.) JULY-DECEMBER 1985, ALL RACES, FAMSA, W.C.

	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	%
DEF.	49	42	31	38	33	28	221	37%
SIC.	37	43	33	24	27	15	179	30%
CONT.	41	39	32	35	35	16	198	33%
TOTAL	127	124	96	97	95	59a	598	100%
a. December was a shorter month because of holidays.								

Table 1 shows the monthly numbers and total percentage of Defectors and Single Interview Cases for all race groups at FAMSA W.C. July-December 1985. Thirty-seven percent of clients defected, 30% of clients only had one interview and a further 33% had more than one interview.

According to Shapiro and Budman (1973) the defection rate among individuals was 29% and 33% among families. The only study found with figures reflecting defection in a client population seeking help with

marital problems, was one done for Marriage Guidance in Britain by Curtis and McVittie (1978), 'Two Years of Intake Interviews'. Here the impact on defection rates of clients was assessed after introducing a brief 15 minute intake interview. It is reported by the researchers, that there was no difference in the 38%\* defection rate of clients before and after the introduction of intake interviews. According to Gaunt (1985) 31% of Marriage Guidance clients only attended one interview. These figures are surprisingly close to those found at FAMSA W.C.

Table 2: TOTAL NUMBER OF DEFECTORS, SINGLE INTERVIEW CASES AND CONTINUERS SEEN BY WHITE SOCIAL WORKERS AND COUNSELLORS, JULY-DECEMBER 1985, FAMSA, W.C.

	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	%
DEF.	16	21	18	19	20	13	107	27.7%
SIC.	38	34	23	16	21	9	131	33.9%
CONT.	30	33	19	28	26	12	148	38.4%
TOTAL	74	88	60	63	67	34	386	100.0%

Table 2 shows the monthly numbers and total percentages of clients booked for or seen by white social workers and counsellors for July-December 1985. It should be noted that this group is predominantly a white group (see discussion page 43). Defectors form 27.7% of this group, Single Interview Cases 33.9% and Continuers 38.4%. It should be noted that 9.6% (37) of the Single Interview Cases were found to be Legal Aid cases, and were later eliminated from the sample population for reasons discussed in Chapter 3, Section 6, 'Choice of Sample Population'.

\* This figure was arrived at by eliminating clients who were referred elsewhere or who refused an interview from the 54% total of clients who failed to attend their first counselling appointment reported in the study. This was done to make the figures comparable to those at FAMSA W.C. which only reflect clients who did book appointments.

Table 3: TOTAL NUMBER OF DEFECTORS, SINGLE INTERVIEW CASES AND CONTINUERS IN CASES BOOKED FOR OR SEEN BY THE ONLY COLOURED SOCIAL WORKER AT FAMSA W.C., JULY-DECEMBER 1985

	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	%
DEF.	33	21	13	19	13	15	114	53.8%
SIC.	9	9	10	8	6	6	48	22.6%
CONT.	11	6	13	7	9	4	50	23.6%
TOTAL	53	36	36	34	28	25	212	100.0%

Table 3 shows the monthly number and total percentage of clients booked for or seen by the only coloured social worker in the agency. This group consists of 100% so-called coloured clients and was not included in this study for reasons which will also be discussed in Chapter 5. Of this group 53.8% defected, 22.6% attended only one interview and 23.6% attended more than one interview. The extremely high percentage of defectors in this group should be noted. One reason for the high defection in this group could be a formal or pressurizing referral source (Gaines, 1981). The fact that every case in the sample population in which the initial appointment was booked by someone other than the prospective client, failed to attend could reflect this. The practice of appointments being booked by the referring person may be more frequent in the so-called coloured group because fewer clients appear to have telephones.

### 1.5 AIMS OF THE STUDY

- The primary aim of this study is to identify factors which influence initial engagement in marriage counselling, by comparing three groups of clients - Defectors, Single Interview Cases and Continuers.
- Some guidelines for initial engagement in marriage counselling will be formulated from the evidence provided by significant relationships identified in this study, especially when confirmed by other research.
- In order to study initial engagement in counselling in marriage counselling agencies, the intake procedures of other FAMSA branches in South Africa will also be explored.
- This study aims to contribute to scientific knowledge in the field of social work, specifically in marriage counselling.
- Other related topics for research will also be identified in the hope that this will stimulate further research in this field.



## 1.6 BRIEF BACKGROUND OF FAMSA W.C. AND THE SERVICES IT OFFERS

FAMSA Western Cape first began operating as the Marriage Bureau under the auspices of the Afrikaanse Christelike Vroue Vereeniging (A.C.V.V.) in 1948. Later a committee was formed of members of the Cape Town community to support the small organization. Meanwhile, in Johannesburg the Matrimonial Conciliation Board had been started. It was this organization which was responsible for bringing Dr David Mace, founder of the British Marriage Guidance movement, out to this country for a six month period. During this time Dr Mace and his wife travelled to the young societies that had already started and helped them to organize along the lines of Marriage Guidance in Britain, by selecting and training suitable volunteers. Other societies were also started. In 1958 the Cape Town Marriage Guidance Society, as it was then called, became a registered welfare organization. In 1968 the first social worker was appointed. There are now 17 branches of FAMSA in South Africa all of which are affiliated to the FAMSA National Council (de Leeuw, 1981).

Not all FAMSA societies offer marriage counselling. Some smaller branches confine their activities to educational services. Family Therapy is presently being offered formally by two branches of FAMSA in South Africa. The specific services offered by FAMSA W.C. include marriage counselling, premarital counselling, divorce counselling, divorce adjustment groups and some educational groups and talks in the community.

The theoretical basis of the counselling offered by FAMSA W.C. has its roots in the Mace model (1974), enriched over the years by the knowledge of counsellors working at the agency. A recent influence has been the

research project started at FAMSA W.C. in 1983 (de Leeuw, 1987). During the process of this study Stuart's Social Learning Approach (1980) was introduced. Although counsellors may have different personal theoretical leanings, it would be fair to say that the Stuart model has been a strong influence. The following aspects of marriage counselling are considered important:

- A conjoint approach to counselling wherever possible.
- Identification of problems by clients.
- Time limited counselling contracts with clients.
- Focus on the present.
- Focus on the conscious, rather than the unconscious.
- Homework tasks.
- Building on strengths.

The yearly statistics for 1985-1986 at FAMSA W.C. reflect the following:

Total number of cases seen = 751.

Total number of interviews conducted = 2193.

Conjoint interviews = 51.6% of total.

Self referred clients = 61%.

Most common presenting problems identified by counsellors:

- Communication	202	- 26.9%
- Infidelity	113	- 15%
- Emotional problems	64	- 8.5%
- Sexual problems	55	- 7.3%
- Desertion	49	- 6.5%
- Divorce	44	- 5.8%
- Alcohol/substance abuse	27	- 3.6%

At the time of this study (July-December, 1985), the employed staff at FAMSA W.C. consisted of the Director, two full-time and three part-time social workers and the receptionist. Some counselling was also done by ten voluntary counsellors. These voluntary counsellors are carefully selected people in the helping professions or teachers who have been given a year of in-service training in marriage counselling, and who are expected to do the UNISA Marriage Counselling Diploma.

#### 1.7 INTAKE PROCEDURES AT FAMSA W.C.

Clients usually 'phone the agency to book their own appointments. If someone else 'phones, it is agency policy to ask that the prospective client book the appointment personally if possible. This practice has been adopted because of the high percentage of clients who defect among clients whose appointments are booked by someone other than themselves.

Bookings for the first interview are made in the initial telephone contact by the receptionist who answers the telephone. It is agency policy to ask clients to come to the first interview with their spouse if possible. Whenever possible the earliest appointment is given to clients, who are matched with counsellors according to race (identified

by asking the client's residential address) and according to home language. When clients arrive for their first appointment the details on the face sheet (commonly known and referred to hereafter as the 'pink sheet', see Appendix 1) are completed by the director or the receptionist. The counselling fee is also negotiated at this point. The clients are then introduced to their counsellor for the first interview.

### 1.8 CONCLUSION

The problem has been introduced and the general definitions of the study given. The background to the study has been described and the incidence of defection and single interviews at FAMSA W.C. has been given. A brief history of the agency and the services it offers has been presented.

8

## CHAPTER 2

### REVIEW OF RELEVANT LITERATURE

#### 2.1 INTRODUCTION

An early review of literature (albeit mostly Family and Individual therapy studies) suggested four groups of factors which could be relevant to initial engagement in Marriage Counselling. (See Chapter 3, section 5, for a discussion on the development of this four factor framework.) These factors are:

Client factors, including demographic factors (Slipp, Ellis and Kressel, 1974); Baekeland and Lundwall, 1975); factors relating to the problem (Curtis and McVittie, 1978; Slipp and Kressel, 1978) and client expectations (Orne and Wender, 1969; Plunkett, 1984).

Actuarial factors, including time lapse before the first interview, referral source, agency hours of operation, agency fees and agency accessibility (Brill and Storrow, 1960; Raynes and Warren, 1971 and Lorion, 1973).

Factors relating to agency-client interaction, including the first telephone contact, the client counsellor relationship and the content of the first interview (Gaines, 1978; Stanton and Todd, 1981 and Gaunt, 1985).

Counsellor factors, including age, training and experience (Baekeland and Lundwall, 1975; Berg and Rosenblum, 1977).

Literature will be reviewed according to this framework, to provide structure and to facilitate the development of hypotheses from the literature.

## 2.2 CLIENT FACTORS

### 2.2.1 Demographic factors.

Are demographic factors associated with engagement in Marriage Counseling? The literature reviewed in this study does not support the view that demographic factors in isolation are linked with client engagement in counselling. Noonan (1973) for example found that defectors were not distinguishable with regard to years of education, marital status or sex. Curtis and McVitte (1978) note the tendency for lower class clients to defect more often. However, no empirical evidence is shown in this study, nor are intervening variables taken into consideration. Other studies highlight the fact that socio-economic status (SES) may interact with other factors. For example, Slipp, Ellis and Kressel (1974) found that early termination in family therapy, while associated with SES was also associated with the highly authoritarian attitudes of husbands. It was hypothesised by these researchers that husbands with high 'F' scores reflecting a highly authoritarian attitude (rigidity, dogmatism, inability to tolerate ambiguity and a preference for clearly defined roles) were threatened by the open and egalitarian atmosphere of conjoint therapy. Other studies reviewed also suggest that the type of treatment offered might be linked to SES and failure to engage. Baekeland and Lundwall (1975), for example, in an extensive review of dropout studies, found that in 16 of the 18 studies reviewed SES was predictive of dropout, whether indicated by education, occupation, race or income. However, all these studies were of clients in psychoanalytically orientated clinics. Garfield (1971) summarizes the conclusions reached in this review by saying that SES interacts with all aspects of the treatment process. He suggests that treatment should be tailored to the needs of different clients, and that clients

should be well prepared for the type of therapy they will receive. It remains, therefore, to discover whether demographic factors are in fact linked to engagement in marriage counselling clients. As no clear evidence has been shown to support the relevance of demographic factors to engagement in marriage counselling the following hypothesis is suggested:

Hypothesis 1: There are no significant relationships in demographic factors amongst Group A, Defectors, Group B, Single Interview Cases and Group C, Continuers.

#### 2.2.2 Problem related factors.

It seems logical to expect that the type of problem and the degree to which clients acknowledge the problem for which help is being sought will affect the motivation of the client to attend the first interview, and to engage in the counselling process. Becoming a 'client' is not easy for some. It requires that the person become vulnerable, risk exposure and, worst of all, change. First steps in this process are generally the acknowledgement that there is a problem, and defining it in relation to oneself. The severity of the problem or the client's awareness of it could drive the client to seek help. A study by Noonan (1973) reflects an interesting finding in relation to client problems in an outpatient clinic. This researcher shows that significantly more clients who defect are vague and evasive about their problems. Clients who keep their appointments on the other hand are more likely to identify the problem specifically (in personal terms e.g. frigidity), or identify the problem as a personal one. Slipp and Kressel (1978) in a study of different treatment methods in family therapy find that dropouts more often complain of concrete problems

(e.g. finance) or blame the spouse. Borghi (1968) also found blaming of spouse to be associated with early termination.

Curtis and McVittie (1978) find that marriage counselling clients in the following categories most often fail to keep their appointments:

- violence
- fighting, money and drinking problems
- dominant and possessive fathers (shades of 'authoritarian' fathers?)

(See discussion page 16.)

While no empirical evidence is demonstrated in Curtis and McVittie's study, their findings and those of Noonan and Slipp and Kressel tend to suggest that the type of problem, and whether it is defined in personal terms, could be related to engagement in marriage counselling.

Clients who defect, also tend to be more anxious according to Noonan (1973). This was also the conclusion of Kressel and Slipp (1975), Slipp, Ellis and Kressel (1974) and Slipp and Kressel (1978). Dropout is found to be less among clients with chronic problems. (McAdoo and Roeske, 1973, and Gaines and Stedman, 1981.) The question of the commitment of clients with one-time crises to becoming engaged in counselling is also of interest. As Gaines and Stedman (1981) point out, acute disturbances are more likely to be reactions to temporary situational stress to which families can quickly make a satisfactory adjustment. This may be relevant to Single Interview Cases. On the other hand, clients who attend only one interview may in fact be helped. In support of these arguments Silverman and Beech (1979) in a paper entitled 'Are Dropouts really Dropouts?' show that 80% of dropouts reported that their problems had in fact improved.



The relationship between the type and nature of problems which may be related to engagement in marriage counselling is still far from clear.

It would be expedient therefore to state the following null hypothesis:

Hypothesis 2: There are no significant relationships in the type and nature of problems presented by marriage counselling clients in Group A, Defectors, Group B, Single Interview Cases and Group C, Continuers.

### 2.2.3 Client expectations.

Clients may approach an agency with very unrealistic or unclear ideas of what sort of service they will be offered. They may expect to be seen on the day they 'phone, to have telephone counselling, or to be given advice (Borghi, 1968). They may expect to have only one interview or to be seen alone without their spouse. Research shows that lack of congruence between client expectations and what is offered in therapy is an important cause of defection and dropout, (Hoehn-Saric, et al 1964; Orne and Wender, 1968; Baekeland and Lundwall, 1975; Plunkett, 1984).

A particularly crucial area of incongruence between client's and counsellor's expectations in marriage counselling seems to be whether the first interview should be a conjoint, or an individual one. As Olson, Russel and Sprenkle (1980) point out, one of the distinguishing characteristics of contemporary marital therapy is its frequent use of conjoint interviews. Research, according to Gurman and Kniskern (1978) has clearly substantiated the greater effectiveness of conjoint marital therapy. Controversy is evident on this question, however. Wells and Gianetti (1986) assert that the studies on which Gurman and Kniskern based their conclusions are methodologically inadequate. Gurman and Kniskern (1986: 51) reaffirm their original position, stating that there is 'ample empirical

warrant for considering conjoint therapy to be the method of choice for marital problems'. The point that this researcher considers the most important, however, is that the populations studied in conjoint and individual marital therapy are probably different. Couples who agree to come together have at least some willingness to risk exposure, while those who refuse to do so might not have the desire to improve the marriage, or the same degree of readiness to acknowledge the problem as a relationship one which is a necessary prerequisite for change. In support of this argument, the finding of Slipp, Ellis and Kressel (1974) is of interest. They found that when both spouses initiate treatment, engagement is nearly perfect.

There are in fact many instances when one or other spouse simply refuses to come for counselling. Several family therapy studies (Shapiro and Budman, 1973; Slipp, Ellis and Kressel, 1974; and Berg and Rosenblum, 1977) have identified the father as playing the most crucial role in resistance to therapy. Berg and Rosenblum also found that the most frequently given reason for early termination was that the spouse would not come. Perhaps a more flexible initial approach is needed. Sager et al (1968) explored the relationship between the type of service requested by the client and whether he or she became engaged in family therapy. They found that of the 47% of individuals who requested individual therapy initially, 67% became engaged with their families within six weeks.

There are clearly times when it is not appropriate or possible to see both partners together. Beavers (1982) names the following contra-indications for couples therapy:

- considerable ambivalence about staying in the marriage;
- infidelity, where there is an ongoing commitment to a third party;
- a pervasive, overt paranoid reaction from one spouse to another.

Cookerly (1973) showed that while conjoint counselling sessions were more effective in improving the marital relationship, individual sessions were associated with more positive outcomes in divorce counselling.

On the other hand, there are very persuasive and logical arguments in support of conjoint counselling which marriage counsellors ignore at their peril. For example Teisman (1981) makes the following points in relation to the family system:

- an adequate systemic assessment requires the presence of the whole family;
- insisting on the whole family coming is a statement of a systems approach;
- convening the whole family is the first test of the therapist's ability to handle family resistance.

Teisman (1981) also highlights another very important aspect of this problem. When an agency or individual uses both systemic and intrapsychic models of treatment, the intake officer may experience an internal conflict around insisting on families and couples coming together. Such an indecisive stance creates a vacuum which is immediately filled by the client deciding on what is appropriate, instead of the therapist.

Carpenter and Treacher (1983) also point out that the crisis created by getting the whole family to organize themselves and come to therapy together should not be underestimated in terms of its therapeutic potential. This may well be relevant in marriage counselling as well. Another crucial point is raised by Whitaker and Miller (1969) who warn that seeing one spouse alone where divorce is being considered may be 'colluding' with that spouse to divorce.

In the face of these dilemmas, client's expectations concerning whether the first interview should be a conjoint or an individual one, is considered by this researcher to be an important area to explore in this study. The research findings, while they reflect evidence that conjoint counselling is more effective, have failed to convince that this is always a possible and viable alternative. Plunkett's findings (1984) that congruent expectations in treatment form and duration tend to be associated with greater acceptance of services adds weight to the argument that client's expectations should be carefully assessed in order to respond appropriately to clients seeking marriage counselling. As no evidence of what clients do expect in regard to treatment form in marriage counselling has been found, the following null hypothesis is proposed:

Hypothesis 3: There are no significant relationships in the expectations held by Group A, Defectors, Group B, One Interview Cases and Group C, Continuers.

Research on three aspects of client factors has been presented: demographic factors, factors relating to the problem and client expectations and hypotheses formulated. In practice it is often easier to explain failure to engage by maintaining a belief that certain clients

are 'not marriage counselling material'. On the other hand, client related differences could challenge an agency to develop flexible engagement strategies.

### 2.3 ACTUARIAL FACTORS

Actuarial factors such as waiting time before the first interview, referral sources, agency hours of service, agency fees, and agency accessibility appear to be among the more obvious reasons for clients not coming or becoming engaged in therapy. In any case, these are some of the factors which have been most frequently discussed as possible causes of dropout at FAMSA W.C. (apart from speculations as to whether or not dropouts were 'marriage counselling material' in the first place!)

According to Gaines (1979) actuarial factors including socio-economic status\*, waiting time, travel distance and referral source were not related to client defection. There are, however, several different conclusions reached by other researchers.

#### 2.3.1 Waiting time.

Curtis and McVittie (1978) found that waiting time of up to four weeks made very little difference to defection rates. Even the introduction of an immediate 15 minute intake interview did not significantly affect defection rates. Stanton and Todd (1981) in their comprehensive guidelines for engaging families of drug addicts into therapy, stress immediacy of appointment scheduling as a crucial factor for enhancing engagement of clients into therapy. They suggest that should an appointment not be possible immediately, the therapist to see the case should

\* Socio-economic factors have been classified as client factors in this study. It is considered that 'agency fees' can more appropriately be classified as an 'actuarial factor'.

make direct telephonic contact with the clients. The question raised by perusing this research is - would an immediate response to the client's crisis rather than a fact-finding intake interview as is described by Curtis and McVittie enhance client's engagement in marriage counselling?

### 2.3.2 Referral source.

Straker (1967) found that clients who were institutionally referred were more likely to drop out than those who were self-referred or referred by a physician. Gaines's finding (1979) of a significant relationship between referral source and socio-economic status suggests another dimension to this problem. Could it be that poorer clients are more likely to be sent to an agency by a 'pressurizing' referral source, when they themselves may not have either the financial or emotional resources at that point to use the service?

### 2.3.3 Agency hours of service.

Berg and Rosenblum (1977) point out that 'work schedule' was significantly more frequently given (at 0.05 level) as the reason for the father not attending family therapy. While this could, in some instances, be a convenient excuse, therapist success in engaging clients was found to be positively related (at 0.01 level of significance) to the lateness of the hour that the therapist was seeing the family by Berg and Rosenblum. Stanton and Todd (1981) also stress the importance of flexible hours in engaging clients into family therapy. What effect do agency hours of service have on client's engagement in marriage counselling?

#### 2.3.4 Agency fees.

No research has been found on client's objection or inability to pay a fee for counselling as a cause of defection or dropout. In marriage counselling practice, however, this does appear to be an important consideration for poorer clients. Stuart (1980) refers to data cited by Levinger (1976) which shows that family income is more strongly and negatively associated with divorce than any other census variable. It seems reasonable to assume that the client population in marriage counselling is frequently experiencing financial stress.

#### 2.3.5 Accessibility of the agency.

Gaines (1979), as already mentioned, found that travel distance did not influence client dropout in family therapy. Is agency accessibility (as is often speculated in practice) a deterrent to engagement in marriage counselling?

To explore these questions, the following hypothesis is formulated:

Hypothesis 4: There are no significant associations in actuarial factors pertaining to Group A, Defectors, Group B, One Interview Cases and Group C, Continuers.

### 2.4 FACTORS RELATING TO CLIENT AGENCY INTERACTION.

Gaines (1979) speculates that interactional factors are the most important in engaging family therapy clients in counselling. The comprehensive guidelines of both Stanton and Todd (1981) and Carpenter and Treacher (1983) also stress the importance of interactional factors in engaging clients in family therapy. The following specific aspects of client agency interaction seem to be the most relevant in this study:

- the client's response to the first telephone contact;
- the client reaction to the counsellor in the first interview;
- the contents of the first interview.

Each of these aspects is worthy of an entire research project. Only specifically relevant research will be highlighted however.

#### 2.4.1 Client's response to the first telephone call.

Gaines (1978) comments that the intake worker answering the telephone can have an important influence on client defection. This opinion was based on the observation that the defection rate of clients rose sharply when a new and inexperienced intake worker was employed (10% to 25% defection rate). 'Experience' and 'skill' of the intake worker are named as important by Gaines. These general terms add little to empirical knowledge however. Tracy (1977) on the other hand found no evidence that the professional training of the intake interviewer leads to more client involvement in treatment. Curtis and McVittie (1978) in their investigation of two years of intake interviews in marriage guidance found that the personal styles of counsellors conducting intake interviews in marriage guidance did not affect clients keeping their appointments. No scientific evidence is shown for this conclusion by these researchers, however.

In an article entitled 'Counselling Centre Receptionist: Where the Client begins', Joan Quintana (1974: 441) sharing her own experience as an intake receptionist, has this to say: 'The receptionist is the counselling centre at the moment of initial contact'. 'A good receptionist can help the client feel cared about and welcome'. This comment by one person, while substantively helpful, does little to build empirical knowledge. Stanton and Todd (1981) in their guidelines for engagement



ment into family therapy stress that the sooner the client has contact with the person who will treat him the better, as a sort of 'imprinting' occurs.

The literature reviewed suggests, for the most part speculatively, that the initial telephone contact with clients is important. How do clients perceive this interaction - and how is the client's response to the initial telephone contact related to engagement in marriage counselling?

Hypothesis 5: There are no significant relationships in the way clients in Group A, Defectors, Group B, One Interview Cases, and Group C, Continuers, perceive their first telephone contact with the agency.

#### 2.4.2 Client's reaction to the counsellor at the first interview.

Gaunt (1985) in a study of the first interview in marriage guidance stresses both relationship factors and the skill of the counsellor. Saltzman et al (1976) found that 'involvement', 'responsibility' and 'movement' were crucial factors in client engagement in individual counselling. The strong sense of involvement of the counsellor reflected in a visible degree of interest was the earliest predictor of client engagement. It follows from this that counsellors who keep clients waiting or cancel appointments may inadvertently be conveying disinterest to the client. Saltzman et al's study is of special interest as both client and counsellor reactions are assessed.

There are some special aspects of forming a therapeutic relationship with couples in the initial interview. According to an insightful article by Rutan and Smith (1985: 199) building a therapeutic relation-

ship with couples requires that the therapist accept the following assumptions:

- a system is at work, and individual blame is a defence against the examination of the fundamental system;
- at some level the couple desires to return to an old lost level of homeostasis, although it may not be good for them to do so;
- the very aspects of the partner that are most criticized are likely to be the very traits that are unconsciously deemed necessary.

The therapist wishing to form a therapeutic alliance with couples must therefore convey the following to a couple:

- a feeling that the therapist genuinely understands the dilemma of each partner;
- courage to talk straight to the central issue as the therapist sees it;
- willingness to help each partner own his or her own vulnerability.

According to Gurman and Kniskern (1978: 11) therapist relationship skills are crucial in marital and family therapy. In addition, a therapist style which includes the following increases the chances of a negative outcome:

- relatively little structuring or guiding in initial sessions;
- early confrontation of highly affective material early in therapy rather than reflection of feelings;
- labelling unconscious motivation, rather than stimulating interaction and giving support;
- not intervening actively when necessary.

The literature suggests that relationship aspects, counsellor activity and special skill are relevant to clients' engagement in marriage counselling. Shapiro and Budman's (1973) finding that client negative perceptions of the therapist are related to dropout in family therapy poses an interesting question. Do client's perceptions of counsellor's interest, warmth, competence, understanding, fairness to both partners affect client engagement in marriage counselling? This question allows the formulation of the next hypothesis.

Hypothesis 6: There are no significant differences in the positive perception clients have of specific counsellor characteristics between Group B, Single Interview Cases and Group C, Continuers.

#### 2.4.3. Content of the first interview.

The point is made by Shapiro and Budman (1973) that clients in family therapy tend to value the activity of counsellors, while those in individual therapy highly value empathic aspects of the counsellor.

Research supporting the importance of the content of the first interview is interesting. Using a large sample of individual clients (758) and 34 counsellors, Epperson, Bushway and Warman (1983) showed that counsellor recognition of the problem was significant (at the 0.001 level) in relation to client's self-termination of counselling.

Gaunt (1985) showed that significantly more counsellors with whom couples continued in counselling (at the 0.05 level) discussed specific issues with clients. This study did not allow for adequate control of the counselling format used by the experimental and control groups. Goodyear and Bradley (1980) make the point however that there are often implicit contracts between client and counsellor but making the contract

explicit is an important way of engaging clients. Gaunt (1985) cites Garfield (1978) who suggests that one of the simplest ways of increasing the likelihood that clients will return is to arrange a specific number of sessions with them.

The research reviewed indicates that there are specific aspects of the content of the first interview such as counsellor recognition of the problem, contracting to work on specific issues, to attend a certain number of sessions, and booking the next interview will enhance engagement in individual and family therapy. No research has produced scientific evidence of the relevance of these factors to initial engagement in marriage counselling however. The following null hypothesis is therefore formulated:

Hypothesis 7: There are no significant relationships in the client's perception of the content of the first interview between Group B, Single Interview Cases, and Group C, Continuers.

## 2.5 COUNSELLOR FACTORS

Baekeland and Lundwall (1975) conclude in their comprehensive review of studies on dropout, that counsellor experience is positively related to clients continuing. Gaunt (1985), on the other hand, points out that experienced counsellors may also terminate early with clients because they tend to 'weed clients out'. Epperson et al (1983) confirms this finding, adding that inexperienced counsellors tend to retain clients for a number of reasons such as their apprehension about evaluation and smaller caseloads. Slipp and Kressel (1978) introduce another variable. They found that experienced counsellors did better in insight-orientated conjoint therapy, while the level of experience

did not make a difference in problem-solving conjoint therapy. The numbers in the sample groups were very small however ( $N = 10$ ). Berg and Rosenblum (1977) tested a number of therapist variables such as age, sex and theoretical orientation against engaging resistant factors in family therapy. There were no significant differences at the 0.05 level. These researchers found, however, that the number of training experiences family therapists had had, was positively related to the number of families engaged.

The literature reviewed does not show any consistent or clear evidence that therapist characteristics make a difference to client engagement. But is this the case too in marriage counselling? What of counsellor's age and training - do these also not affect client engagement in marriage counselling? The following null hypothesis is therefore formulated:

Hypothesis 8: There are no significant relationships amongst the characteristics of counsellors for Group B, Single Interview Cases, and Group C, Continuers.

## 2.6 CONCLUSION

Research on client, actuarial, interactional and counsellor factors has been reviewed. Hypotheses have been formulated in order to give form to the questions arising from the literature reviewed. The method developed to explore the questions raised will now be presented.

## CHAPTER 3

### METHOD

#### 3.1 INTRODUCTION

The method used to conduct this study will be presented in this chapter. A brief overview of the study will be given, followed by a discussion of planning. Next the operational definitions of the study will be given to clarify concepts at an early stage. The literature survey will then be discussed, followed by the development and administration of the structured telephone interview, the intake procedure questionnaire, and the writing of the research report. Finally the difficulties and limitations of the method will be discussed.

#### 3.2 OVERVIEW OF THE RESEARCH METHOD

The first design devised to investigate factors which influence client engagement in marriage counselling included a programme evaluation. The plan was to review the literature, to then do a telephone survey of Defectors, Single Interview Cases and Continuers, and formulate intake procedures based on this data. These new procedures were then to be implemented at FAMSA W.C., and the programme evaluated after six months. The limitations of this study did not allow for the implementation and evaluation of a new intake programme. The time spent planning and adapting the design was not time wasted however. The complications inherent in attempting to conduct research in practice became ever more evident. Open cases could be affected by a telephone interview, while intake procedures might change under scrutiny, and thus distort the data. Anxieties of staff concerning the study needed to be handled with utmost sensitivity. Finally, a retrospective quantitative-descriptive design (Tripodi, Fellin and Meyer, 1969) in which data

would be collected from closed cases was decided on. It was felt that this would be the most effective and ethically acceptable way of exploring the problem.

A review of relevant literature was done. This provided the basis for developing hypotheses from which to develop a structured telephone interview. A small pilot study was conducted and the telephone interview adapted. One hundred and ten structured telephone interviews were conducted on three randomly selected groups, Defectors, Single Interview Cases and Continuers. Nominal and interval data were collected in the telephone interview. Some data were also collected from clients' files. Data were computer coded and analysed on the computer.

A short questionnaire on Intake Procedures was also developed and sent to all active branches of FAMSA in South Africa in order to identify different methods of intake currently operating in marriage counselling agencies in this country.

Significant associations were identified in the telephone interview data and viewed in the light of other research findings. Patterns of intake procedures used by marriage counselling agencies were identified from data received from intake procedure questionnaires. Tentative guidelines for engaging clients in counselling in marriage counselling agencies were formulated. Areas in which further research is needed were identified.

### 3.3 PLANNING THE STUDY

Considerable time was spent planning the study. This planning was done concurrently with collection and initial perusal of the literature (December 1985 - May 1986). Two proposals were drawn up, the first including a programme evaluation. Limiting the population to clients seen by white social workers (see Section 6: page 43 for discussion) also caused a value conflict for the researcher, as the defection rate of clients seen by the so-called coloured social worker was clearly higher (Table 3: page 9). Eventually, after much discussion with supervisors, ideas and personal preferences gave way to appropriate research procedures within the limitations of this study.

It was decided that the most effective and efficient way of achieving the aims of this study would be to compare three groups of clients seen by white social workers and counsellors at different levels of initial engagement in marriage counselling in order to provide a scientific basis for developing guidelines for engaging clients. Data for such a comparison would have to be collected in a survey. A postal survey was considered, and rejected. It was not considered ethical to send a questionnaire to a prospective client or clients which could be opened by any family member. In some cases one spouse might have consulted FAMSA without ever telling the family or the other spouse. It was also speculated that Defectors, who had had no contact with the agency apart from a 'phone call, might not be as motivated to return a questionnaire as the other two groups. It was eventually decided that the best plan would be for the researcher to conduct a telephone survey in her capacity as a social worker at FAMSA W.C. Direct contact would be made with the



subject before the nature of the survey was identified, and the subject would be given a choice as to whether they would be willing to participate in the survey. It was decided that current cases could not be interviewed in this way, as ongoing counselling could be disrupted. It would also be more reliable to assess the effect of intake procedures retrospectively, as procedures under current scrutiny could change.

It was believed to be important to include the first interview in this study of factors that influence engagement for several reasons. The first literature review (Gaunt, 1985) highlighted its importance in initial engagement, and aspects of intake procedures often form part of the first interview. A study of statistics at FAMSA W.C. also revealed, in confirmation of experiential knowledge, that Single Interview Cases formed a fairly large group.

It was also felt to be important to gain knowledge of methods currently being used to engage clients in marriage counselling. This gave rise to the idea of sending a questionnaire on intake procedures to other agencies.

It was hoped that these two sources of information as well as the literature reviewed would provide the most effective way of addressing the problem.

### 3.4 OPERATIONAL DEFINITIONS

ENGAGEMENT in this study refers to various degrees of prospective clients' acceptance of or involvement in marriage counselling services offered by the agency. The progressive levels of initial engagement investigated in this study are:

First level of engagement: Prospective clients book the first interview, either in the initial telephone contact, or after participation in a subsequent intake interview (see page 39), if this is offered by the agency. The total population of this study attain this level of engagement. Those prospective clients who do not become involved at the second level of engagement, i.e. attend a first interview, are known as 'Defectors'. Clients who are referred to other resources in the course of intake procedures are not seen as attaining any level of engagement. They are not included in the population of this study.

Second level of engagement: The client or couple attend the first interview that has been booked. Those cases who do not become engaged at level three are known as 'Single Interview Cases' in this study.

Third level of engagement: Client, spouse or couple attend a second counselling interview. These clients are known as 'Continuers' in this study.

INTERVIEWEES in this study are all prospective clients who personally made the initial telephone contact with the agency, for whom an appointment was booked with a white social worker between July and December, 1985, at FAMSA W.C. Interviewees are those clients who were randomly selected for the study and who responded to the structured telephone interview. Interviewees form the three sample groups of the sample population in this study, Defectors, Single Interview Cases and Continuers. Those clients who were referred to other resources in the initial telephone contact were not interviewees.

DEFECTORS in this study refers to prospective clients who become engaged only to the extent of booking a first marriage counselling appointment, but do not attend the appointment they have booked. An appointment is not re-booked within two weeks. Those clients who fail to attend the first appointment they have booked and re-book an appointment after two weeks which they then attend, are still defined as Defectors <sup>\*1</sup>.

'Defectors' include those clients who, without cancelling, simply did not attend their first appointment, and those clients who cancelled <sup>\*2</sup> their first appointment. Those clients who were referred elsewhere are not defined as Defectors.

SINGLE INTERVIEW CASES in this study refers to clients who engage in counselling only to the extent of attending one face to face marriage counselling interview. This could mean that the counsellor, on one occasion, saw both spouses separately and the couple together. The interview could also have been 2 hours or longer <sup>\*3</sup>. Telephone contact <sup>\*4</sup> may or may not have been made with the case after the one face to face interview.

- \*1 The two-week cut-off point was decided on because there are occasions when clients may have to adjust bookings for a first appointment for reasons such as work schedule, or baby-sitters, without any intention of not attending. It was reasoned that a two-week cut-off point should eliminate most clients who were only adjusting the time of the appointment, and not cancelling it.
- \*2 Clients who cancelled their appointments were included in the definition of Defectors for two reasons. Firstly, it was not possible to accurately distinguish which clients had cancelled and which had simply failed to attend for their first appointment in the agency appointment book. Secondly, it was assumed that in both cases, clients had changed their minds about attending the interview they had booked.
- \*3 It is FAMSA national policy to count interviews that are 2 hours long, or longer than 2 hours, as two interviews.
- \*4 It was not possible to accurately ascertain from agency records when there had been telephone contact after the first interview.

CONTINUERS in this study are those clients who become engaged in marriage counselling to the extent of the original client, the original client's spouse, or the couple attending more than one face to face interview on an occasion other than the first interview.

INTAKE PROCEDURES in this study refers to the initial assessment of prospective clients either culminating in the prospective client's referral to a more suitable resource, or in the agency's efforts to engage the prospective client(s) in marriage counselling. Specific aspects of intake procedures are:

- some exploration of the client's problem;
- some response to the client's need for information or giving of routine information about services, fees or agency hours.
- Four decisions:
  - ° a decision by the person doing intake as to whether the agency can proceed with offering the requested service to the prospective client, and the client agreeing to accept the services the agency offers, or referral elsewhere made at this point;
  - ° a decision (unless there is a universal agency policy) as to whether to ask the prospective client to bring the partner to the first interview;
  - ° a decision about when the client(s) will be offered an interview;
  - ° a decision as to which counsellor should take the case.
- Recording of the particulars required by the agency.
- Booking the first interview for the client or couple.

Intake procedures take place in the interaction between a prospective client and agency personnel in the initial telephone contact, or in a subsequent intake interview in which further assessment and/or engagement is conducted. Some intake procedures are also sometimes conducted in a 'pseudo' intake interview which takes place when the client(s) arrive at the agency to attend the first interview.

The first interview is not defined as part of intake procedures, although in some cases, aspects of intake procedures may be conducted in the first interview. The reason for this is that the prospective client accepts the role of 'client' by attending the first interview.

INTAKE INTERVIEW refers to an interview (often shorter than a first interview) subsequent to the initial telephone contact with the prospective client, the prime purpose of which is further assessment in order to make the following four decisions:

- Can the prospective client(s) be offered services at this agency, or should they be referred to other resources?
- Should the prospective client be asked to bring the spouse to the first interview?
- When should the prospective client be offered a first interview (i.e. is this a crisis case, or can they wait until an appointment is normally available? )?
- Which counsellor should see the case?

Other aspects such as crisis intervention, efforts to engage client(s), information giving and recording may also form part of the intake interview. An intake interview may be conducted by an intake person who is a social worker. This person may or may not be available to offer the client ongoing counselling services, depending on agency policy.

PSEUDO INTAKE INTERVIEW in this study refers to an intake interview in which the 'four decisions' have already been made, and the client's appointment booked in the initial telephone contact. A 'pseudo' intake interview usually takes place when clients arrive for the first interview. Client particulars are recorded, information may be given and the counselling fee may be negotiated. A pseudo intake interview does not have to be conducted by a social worker.

FIRST INTERVIEW in this study refers to the first face to face marriage counselling interview with the client or couple. Four aspects distinguish the first interview from the intake interview.

- In the first interview, the client has already been accepted as a client and is no longer a prospective client.
- There is an assumption that counselling will start in the first interview.
- It is assumed that the counsellor in the first interview will continue to offer counselling to the case, unless there are difficulties which necessitate a change.
- The first interview is usually longer than an intake interview.

The first interview was included in this study of initial engagement in marriage counselling for two reasons: In many instances exploration of the client's problem and initial assessment take place for the first time in the first interview; secondly, a large number of clients appear to attend only one interview. It was felt, therefore, that crucial aspects of initial client engagement could be explored by including the first interview.

### 3.5 LITERATURE REVIEW

A dialogue search was done to identify relevant literature. The PSYCHINFO data base was searched using the terms 'INTAKE PROCEDURES', 'ENGAGEMENT', 'DROPOUT', 'MARRIAGE', 'MARITAL THERAPY', 'MARRIAGE COUNSELLING', 'FAMILY THERAPY' and the title of the study. Very little literature was found in marriage counselling and a minimal amount on intake procedures using this method. A letter was written to the Marriage Guidance Council in Britain which yielded several articles.

A printout was also obtained from the H.S.R.C. which identified a useful study. Current journals were also perused, and the bibliographies of useful articles found in this way were the most fruitful source of literature.

Most of the literature on engagement pertained either to family therapy or individual therapy. It was possible, however, to develop a framework from these sources. Four major groups of factors which could be relevant to engagement in marriage counselling became evident in the literature, namely: client factors, actuarial factors, interactional factors and counsellor factors (characteristics). Gaines (1978) suggests that interactional factors are more relevant than actuarial factors for engagement in family therapy and uses these two terms.

No sooner is a framework developed, however, than alternative frameworks suggest themselves. It could be argued that a category entitled 'client's subjective reaction' to both agency services and staff would have been more appropriate and accurate, taking into account the nature of the proposed telephone survey which would illicit interviewee's subjective response only. In support of the framework developed for this study, it is suggested that analysing literature and data in these categories will best allow for the development of practical guidelines for ways in which agency procedures can be adapted to enhance client engagement.



### 3.6 CHOICE OF POPULATION FOR RESEARCH

The population chosen for this study was all cases seen by white social workers and counsellors from July 1 to December 31, 1985. The total number of cases in this population was 386 (Table 1: page 7). This population was probably 98% white. Clients at FAMSA W.C. are generally seen by counsellors of their own race group. This custom, although not rigidly enforced, is supported by the racial nature of the subsidy of social work posts. Only clients of the race group of the social worker are counted as part of the caseload of that social worker. The population was limited to the white group for several reasons:

- So-called coloured clients are nearly all seen by one male social worker of the same race group. There is research to show that the sex of the counsellor may influence clients initial engagement into counselling (Betz and Shullman, 1979). It was felt that the introduction of only one male counsellor could introduce further bias to this study.
- The population was confined to the white group because of the limitations of this study. An adequate scientific approach to the entire population would have necessitated comparing six groups instead of three.
- A preliminary perusal of Defectors in the appointment book revealed that in many instances there were no 'phone numbers recorded for so-called coloured clients.

In spite of these logical reasons for limiting the population a personal loss was felt in having to limit the study in this way. Client defection and attendance of only one interview are more prevalent in the so-called coloured group as a comparison between Tables 1 and 2 (pp 7 and 8) show.

The reason for choosing a retrospective research design was that it was felt that doing this survey with active cases could interfere with the counselling process. It was hoped therefore, that by doing the survey on clients in the last six months of 1985, sufficient time would be allowed for files also to be closed.

The choice of this particular time period was also influenced by the fact that it was a time of stability in the agency. There were no staff changes, nor were there any new procedures introduced.

### 3.7 SAMPLING PROCEDURES

Group A, Defectors, names and 'phone numbers for the time period of the study were found in the agency appointment book, listed and numbered.

Group B and C names and folder numbers were taken from the client register, and also listed and numbered. Before drawing the sample the following steps were taken:

- Legal Aid clients were eliminated as far as possible before the sample was randomly selected. Some errors occurred in this regard due to unclear records. However, these interviews were eliminated from the sample. The reason for eliminating Legal Aid clients is that these clients, who usually only come once, come in order to be assessed for legal assistance for divorce. Legal Aid clients do not come for marriage counselling and have rarely, if ever, been known to engage in counselling at FAMSA W.C. It was felt that this group would therefore introduce bias to Group B, Single Interview Cases. The total number of Legal Aid cases eliminated was 37, 9.6% of the total population (see Table 2; page 8).

- Groups were divided into the months in which they made contact or were seen. This was felt to be necessary to control for any extraneous variables which could be introduced. For example, more stress in December, or the effect of the passage of time on memory.
- Within each month, names were numbered consecutively in the order in which they had made contact or come. It was felt that this would control for extraneous variables such as different influences at different times of the month. For instance, more prospective clients defecting just before payday at the end of the month.

Sixty numbered cases were then randomly selected from each of the three groups, ten from each month, using a list of random numbers. It was decided that a total of thirty-six interviews should be conducted in each group, as this would allow for six interviews in each of the six months of the study period. In some instances, when sample cases were not found after ten attempts to telephone them, or interviewees were found to be in the wrong group or Legal Aid cases, new names were randomly selected from the appropriate month. The first six valid interviews from each month formed the sample. Thirty-eight interviews were conducted in Group A (because of prior appointments booked) and thirty-six interviews were conducted in the other two groups. A total of 110 valid interviews formed the sample.

### 3.8 STRUCTURED TELEPHONE INTERVIEW

#### 3.8.1 Development of the structured telephone interview.

Several factors had an influence on the development of this questionnaire, namely:

- The literature survey had provided guidelines for what aspects would be most relevant to explore. The hypotheses developed from the literature facilitated the development of relevant questions.
- The time the interview would take to conduct. It seemed unreasonable to ask interviewees who were unprepared for the survey, and who might be only available on the telephone during office hours, to spend more than 12-15 minutes responding to the questionnaire. This was a major concern and led to the decision to utilize data from client files in order to reduce the time spent on interviewing in Groups B and C where there were more questions to include on the first interview.
- The information that was already available in the FAMSA W.C. files ('pink sheets') and the particular format of this information.
- The need to collect information in such a way that it would be possible to code it for computer analysis.
- The questions had to be simple and understandable to a cross-section of interviewees, some of whom were Afrikaans speaking.

#### 3.8.2 Pretesting the structured telephone interview.

The telephone interview was pretested on four willing clients and one social worker. All five provided feedback which proved very useful. The plan had originally been to read off all the responses to each question, and allow interviewees to select the appropriate response. This proved time consuming and confusing. It was found to be much more effective to

allow the interviewee to respond freely and for the researcher to tick the corresponding response. If there was hesitation on the part of the interviewee, it was found to be useful for the researcher to suggest some possible responses, reflecting a balance of possible answers.

Pretesting the questionnaire allowed for an accurate assessment of the time it would take to do Group A interviews and Groups B and C interviews. This confirmed the decision to utilize information from the clients folders for questions 12-20 in the Group B and Group C interviews.

### 3.8.3 Collection of data using the structured telephone interview.

One hundred and four of the 110 telephone interviews were conducted by the researcher herself during a four week period, starting at the beginning of August 1986. Six of the interviews were done by another social worker in the agency who offered to help. This was necessary because six cases which had been randomly selected were ex-clients of the researcher. It was felt that they would not be able to be open in the interview if the researcher interviewed them herself. The co-researcher was trained by the researcher, by allowing her to observe a number of interviews being conducted, and by discussing the nuances of the questionnaire with her. Three of the interviews conducted by the co-researcher were conducted in the presence of the researcher, to minimise bias introduced by another researcher. The remaining three were conducted when the researcher was not available, unfortunately. Interviewee's names and 'phone numbers were recorded on the interview forms in pencil, and erased when all data had been collected to ensure confidentiality. Each telephone interview was approached by the interviewer 'phoning the randomly selected interviewee, and asking for the person whose name was listed. Not until the interviewer was confident that the respondent was the person

on her list, did the interviewer introduce herself as a social worker from FAMSA W.C. doing a survey and explain the purpose of the survey. (See Introduction to survey, Appendix 3.) This precaution was taken because of the confidential nature of marriage counselling and to provide confidentiality, even in the interviewee's family or between husband and wife. After introducing the survey, the interviewee was asked whether he or she would be willing to be interviewed. If the interviewee consented to be interviewed the interviewer would proceed immediately (with great joy!). In most cases, an appointment had to be made to 'phone the interviewee back at a more suitable time. When there was no reply to the telephone, the number was tried at different times of the day, or on a Saturday morning. Up to 10 calls were attempted before the case was discarded and another case randomly selected. Four women refused to be interviewed because it was too painful. Three of them had subsequently been divorced. One man flatly denied having contacted FAMSA W.C. In the case of Afrikaans interviewees, the interviewer would introduce herself in Afrikaans, then ask the interviewee whether he or she could understand English, and explain that the interview was in English. Afrikaans interviewees were invited to respond in Afrikaans, and in a few instances questions had to be clarified in Afrikaans.

Ten additional invalid interviews were conducted. This was the case because it was only during the process of the interview that the interviewer discovered that the client was either in the wrong group, not the person who first contacted the agency, or a Legal Aid case. Later, the interviewer would check before commencing the interview that the interviewee was from the required group, and that the interviewee had made the initial telephone contact.

Only after the telephone interview was completed did the researcher complete data required from the client's folder on the interview forms. This was done to avoid any bias which might have been introduced by the interviewer knowing in advance who the counsellor for a particular case had been. Unfortunately this meant that information that was missing on the 'pink sheets' was not obtained from interviewees.

Most interviewees were interested and obliging. In several cases ongoing problems were expressed in the interview. In these cases the researcher would invite the interviewee to return for counselling at the end of the interview. This transpired in two known cases.

#### 3.8.4 Analysis of data from structured telephone interviews.

After completion of the 110 valid telephone interviews, the next step was to code the responses in the computer code squares provided on each questionnaire. These codes were then typed onto computer punch cards. The SPSS (Statistical Package for Social Sciences) program was used for data analysis. The data were run through the computer, and raw data checked and corrected. Statistical tests were then done on the data. In the case of nominal data Chi-square tests were used to identify relationships amongst the three groups. In the case of interval-type data, ANOVA was used to compare the means of the groups. In several cases combined ANOVA were done. A significance level was set at the 0.5 level so as to not to reject a null hypothesis which might in fact be true (Cozby, 1981: 73).

### 3.9 FAMSA QUESTIONNAIRE ON INTAKE PROCEDURES

#### 3.9.1 Development of the questionnaire

The purpose of this structured questionnaire was to establish common practices in intake procedures in marriage counselling agencies in South Africa. It was decided that limiting the investigation to the FAMSA branches in South Africa would be most appropriate for two reasons: the many common practices among FAMSA branches and the limitations of the study. The questionnaire was made brief and structured so as to encourage its completion. It was also requested that the questionnaire be completed by the director of each branch to establish some uniformity. A section requesting agency statistics was also included (question 20).

#### 3.9.2 Testing the questionnaire.

This questionnaire was only tested by administering it to the FAMSA W.C. branch where the study was conducted. Several ambiguous questions were identified and adapted. Difficulties in the statistical section of the questionnaire were not identified when the questionnaire was completed at FAMSA W.C. probably because of the discussion that had taken place in the agency. (See page 53 for discussion of difficulties in the statistical section.)

#### 3.9.3 Administration of the questionnaire.

The questionnaire, with a covering letter (Appendix 3) was sent to 12 FAMSA branches in June 1986. The questionnaire was not sent to the 4 branches known not to be doing counselling at present. It was decided



that the questionnaire completed at FAMSA W.C. would be included, making a sample total of 13. The return of questionnaires was facilitated by the support given to the survey at the National Committee meetings. Enthusiasm and interest was expressed, and several letters of encouragement received.

### 3.10 WRITING THE RESEARCH REPORT

The final stage of this study, the compiling of the report, was done during October, November and December 1986 and January and February 1987. Many sections were written and re-written to try to eliminate repetition and to provide some clarity in the presentation of the large amount of data collected. The chapters discussing the results, and guidelines for engaging clients in marriage counselling were particularly challenging because of the large amount of data to be co-ordinated.

### 3.11 DIFFICULTIES ENCOUNTERED IN THE STUDY

Planning an objective research project while simultaneously working in the agency was not an easy task. Cases seen by some of the researcher's peers were under scrutiny. The intake procedures of the agency were under scrutiny. It was important to communicate reassurance and confidentiality, as well as involve staff in the excitement of the project. Feedback was given at different stages.

This retrospective study was reliant for some data on recordings made on 'pink sheets' completed at 'pseudo' intake interviews, just before the first interview. In certain instances such as educational level of couple, intake workers said that they sometimes feel embarrassed to ask

this question of certain clients, hence the large amount of missing information. It was also reported that wives sometimes say they do not know the joint monthly income. In defence of these omissions, it should be noted that the normal practices of the agency were not changed in anticipation of this study.

Difficulties in the structured telephone interview also arose from the 'pink sheet' when categories were not all mutually exclusive and exhaustive.

Combining self report data (Group A questions 12-20) and archival data (Groups B and C questions 12-20) was not ideal. The two factors which necessitated this were:

- limiting the duration of the telephone interview for Groups B and C where more data were collected than in Group A;
- the decision to conduct telephone interviews before completing the data from client folders to limit interviewee bias which could have arisen from the interviewer being aware of the identity of the counsellor while conducting the interview.

Question 19C was not adequately formulated for computation and had to be omitted from the analysis. Fortunately this was not a crucial question.

The actual collection of the data for the structured telephone interview was undoubtedly the most difficult and stressful part of this project. Many agency files had not been closed, and in each case this necessitated a personal inquiry and request for the counsellor to close the file. All files in the population had to be perused because of the confusion caused by the FAMSA policy of recording more than one interview if the

interview is 2 hours or longer. The telephone survey was arduous because of the large number of 'phone calls which were frequently required to locate an interviewee, or to find a suitable time to do the interview. Much tracking down had to be done because of relocation, people having changed jobs, or changed telephone numbers. Much perseverance was required. The confidential nature of the interview also added to the difficulty, as it was never possible to leave a message, and care had to be taken not to arouse suspicion. Another difficulty arose from the stress aroused in the researcher by encountering a number of serious and unresolved problems, for example violence in one case and incest in another. In several instances there was severe ongoing conflict (or had been divorce) subsequent to contact with the agency, and the subject was painful. In each such case interviewees were invited to re-contact the agency.

Problems were also encountered in the statistical section of the intake procedure questionnaire. These were:

- the discovery that it is FAMSAs national policy to record all interviews of two hours and over as more than one interview. As it is not uncommon for first interviews in marriage counselling to be long, (see Table 62 , Appendix 4) especially when they are conjoint, this put all the statistics on Single Interview Cases in question;
- the fact that 4 of 11 agencies did not complete this section of the questionnaire and 2 others were not usable, indicated to the researcher that this table had been too complicated for busy agencies to complete. A decision not to renew a request for statistics was therefore taken. Only 50% of the statistical infor-

mation requested in Section B of the FAMSA questionnaire was usable, and this too is subject to some question as some cases where clients only came once could have been only one visit longer than 2 hours. A decision not to reproduce the statistical data from question 20 of the intake procedure questionnaire was therefore taken.

### 3.12 LIMITATIONS OF THE METHOD USED

The data collected in this study was retrospective to the six month period between July and December 1985. Interviewee responses were therefore reliant on memory. In fact one interviewee said she could not remember anything about the first telephone contact. In addition, many interviewees reported feeling 'upset' (Table 19: page 66) when they 'phoned FAMSA. This suggests that in some instances at least, the perceptions of interviewees could have been distorted by emotion. One interviewee spontaneously commented: 'people are very egocentric when they are under stress', while explaining that she had wanted an immediate appointment.

The data collected for this study were both archival and self-report type data. The difficulty with archival data is that it is impossible to be sure of the accuracy of facts recorded by others. Self-report data on the other hand are a reflection of the subjective opinion of the interviewee, and subject to interviewer bias. In this study, interviewer bias was kept fairly constant by the fact that the researcher collected 94.5% of the data herself. A more serious problem is probably inherent in the fact that archival data were combined with self-report data in questions 12-20. The reasons for this were explained on page 52. Missing data on the 'pink sheets' was also a problem.

### 3.13 CONCLUSION

The overall research design and planning of the study has been presented. Operational definitions have been given. Methods used to implement the study have been described and discussed. The limitations and difficulties of the study have been highlighted so that the results now to be presented can be assessed in the light of the methodological limitations of this study.

## CHAPTER 4

### RESULTS

#### 4.1 INTRODUCTION

The statistically and substantively significant results of the 110 structured telephone interviews and the data from the 12 intake procedure questionnaires sent to FAMSA branches will be presented in this chapter. Due to the large amount of data from the telephone interviews, a number of tables have been placed in Appendix 4. Apart from the tables showing significant findings to be presented, several other tables which are relevant to the discussion of results to follow in Chapter 5, have been retained in this chapter.

Data from the structured telephone interviews are presented in the form of percentage tables as opposed to frequency tables. The decision to use percentage tables is based on the fact that sample sizes are different and additional variation of sample size is introduced by missing data. It will be noted that the number of missing cases is given in brackets below the total. The number of missing cases should be subtracted from the sample total to ascertain sample size used in computations.

There is a pattern of missing data in several instances. One interviewee insisted that she could remember nothing about the initial telephone contact. Questions were not asked when they were inappropriate, for example duration of marriage in the case of an unmarried woman. The most evident gap in data stems from missing 'pink sheet' information for Groups B and C (see discussion pages 51 and 52).

The exact addition of sample percentages might suggest an exactitude not congruent with the nature of the data in the structured telephone interviews. This procedure was followed, however, as a means of checking the accuracy of the percentages recorded.

The data from the structured telephone interview will be presented according to the four factor framework. Reasons given for defection and attending only one interview are shown in Tables 56 and 57. The intake procedure data are presented mainly in the form of a flow chart (Table 58).

## 4.2 CLIENT FACTORS

Three different aspects of 'Client Factors' were explored:

- demographic factors
- factors relating to the problem
- factors relating to interviewee expectations.

### 4.2.1 Demographic factors pertaining to interviewees.

Hypothesis 1: There are no significant relationships amongst demographic factors pertaining to Group A, Defectors, Group B, Single Interview Cases and Group C, Continuers.

Questionnaire items pertaining to Hypothesis 1 are:

- Sex of interviewee (Table 4).
- Marital status of interviewee (Table 5 in Appendix 4).
- Whether the interviewee had been previously married (Table 5 in Appendix 4).
- Duration of the marriage (Table 6 in Appendix 4).
- Age of male and female partners (Table 7).
- Educational levels of male and female partners (Table 8 in Appendix 4).
- Home language of interviewee (Table 9 in Appendix 4).
- Occupation of male and female partners (Table 10 in Appendix 4).
- Joint monthly income (Table 11).
- Families with children (Table 12 in Appendix 4).
- Number of children in the family (Table 13 in Appendix 4).
- Families with step-children (Table 13 in Appendix 4).

No significant relationships are shown on Tables 4, 5, 6, 8, 9, 10, 12 and 13. These tables, with the exception of sex of interviewee which is relevant to later discussion, are to be found in Appendix 4.



Table 4: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: SEX OF INTERVIEWEE (PERSON WHO BOOKED THE APPOINTMENT)

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
SEX OF INTERVIEWEE				
Male	18.4	11.1	30.6	20
Female	81.6	88.9	69.4	80
TOTAL	<u>100.2</u>	<u>100.0</u>	<u>100.0</u>	<u>100</u>
Chi-square = 4.34; df = 2; SIGNIFICANCE = .1140				

Table 4 shows the percentage distribution for the sex of the person who booked the appointment.

Although there is no significant relationship amongst the three groups for sex of interviewee, it is of interest to note the larger number of women who book appointments, (80% as opposed to 20% men in the total sample).

Table 7: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: AGE OF FEMALE PARTNER; AGE OF MALE PARTNER.

AGE IN YEARS	G R O U P							
	DEFECTORS (N=38)		SINGLE INTERVIEW CASES (N=36)		CONTINUERS (N=36)		SAMPLE TOTAL (N=110)	
	F	M	F	M	F	M	F	M
20 and under	0	0	5.6	0	2.8	0	2.7	0
21 - 25	5.3	2.7	16.7	15.2	8.3	0	10.0	5.6
26 - 30	39.5	13.5	8.3	9.1	22.2	22.9	23.6	15.2
31 - 35	13.2	29.7	25.0	21.2	33.3	17.1	23.6	22.9
36 - 40	15.8	18.9	22.2	21.2	13.9	34.3	17.3	24.8
41 - 45	21.1	16.2	8.3	12.1	8.3	8.6	12.7	12.4
46 - 50	2.6	16.2	11.1	12.1	2.8	8.6	5.5	12.4
51 - 55	0	2.7	0	6.1	5.6	5.7	1.8	4.8
56 - 60	0	0	2.8	3.0	0	0	.9	1.0
60+	2.6	0	0	0	2.8	2.9	1.8	1.0
TOTAL	100.1	99.9	100.0	100.0	100.0	100.1	99.9	100.1
MISSING CASES	(0)	(1) (a)	(0)	(3) (b)	(0)	(1) (b)	(0)	(N=105) (5)
FEMALES: *Chi-square = 29.74; df = 18; SIGNIFICANCE = .0400								
MALES: Chi-square = 19.62; df = 16; SIGNIFICANCE = .2380								
(a) One unmarried woman in an uncommitted relationship, not asked.								
(b) Age was not recorded on the 'pink sheet'.								

Table 7 shows the percentage distribution for age of female partners and male partners in the three groups. A significant relationship at the 0.05 level was found amongst sample groups for the age of female partners. There appear to be more women in the 26-30 year age group in Group A, (Defectors).

Table 11: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: JOINT MONTHLY INCOME (a).

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
R 0-1000	15.8	19.4	2.8	12.7
R1001-2000	21.1	30.6	27.8	26.4
R2001-3000	23.7	16.7	38.9	26.4
R3001-4000	7.9	19.4	5.6	10.9
R4001-5000	7.9	0	16.7	8.2
R5000+	21.1	2.8	8.3	10.9
UNKNOWN (b)	2.6	11.1	0	4.5
TOTAL	100.1	100.0	100.1	100.0
** Chi-square = 29.68; df = 12; SIGNIFICANCE = .0031				
(a) Question: 'What was your joint monthly income?', except in interviewees known to be single, when income was asked.				
(b) Joint monthly income unknown. (Explanation given for missing data on 'pink sheet' page 52.)				

Table 11 shows the percentage distribution of monthly income of family or person for the three sample groups. There is a significant relationship at the .005 level amongst the groups for income. While there is a tendency for more of Group A to fall into the lowest income group (R0-1000), Group A also shows more people in the highest income category (R5000+). More Continuers also fall into the R2001-3000 category. It should be noted in this regard, that Group A was asked their income on the 'phone in the telephone interview, while in Groups B and C income categories were ascertained from information on the 'pink sheets'. When the 'pink sheet' information is recorded at intake, clients are told that the fee will be based on their income. The circumstances under which Group A and Groups B and C identified their income were thus completely different.

#### 4.2.2 Factors relating to the client problem.

Hypothesis 2: There are no significant differences in the type and nature of the problems presented by Groups A, B and C.

Questionnaire items pertaining to Hypothesis 2 are:

- The type of problem as identified by the client (Table 14).
- The type of problem identified by counsellor (Table 14).
- State of marriage at initial contact (Table 15).
- Duration of problem (Table 16 in Appendix 4).
- Whether interviewee had had previous professional help with problem (Table 17 in Appendix 4).
- Type of professional help received (Table 17 in Appendix 4).
- Interviewee's ability to pinpoint the problem in the initial telephone contact (Table 18 in Appendix 4).
- Whether interviewee had been upset in the initial telephone contact with FAMSA W.C. (Table 19).
- Whether there had been a precipitating crisis (Table 20).
- Type of precipitating crisis (Table 20).

No significant relationships are shown in Tables 15, 16, 17 and 18.

These tables are to be found in Appendix 4, with the exception of Table 15 'State of marriage at initial contact' and Table 18 'Ability to pinpoint the problem', which are relevant to later discussion.

TABLE 14: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: TYPE OF PROBLEM IDENTIFIED BY CLIENT (INTERVIEWEE) (GROUPS A, B & C); TYPE OF PROBLEM IDENTIFIED BY COUNSELLOR (GROUPS B & C)

	G R O U P						
	Defectors (N=38)	Single Interview Cases (N=36)		Continuers (N=36)		Sample Total (N=110)	
	Prospective Client	Client	Counsellor	Client	Counsellor	Client	Counsellor
Communication	28.9	25.0	30.6	61.1	16.7	38.2	23.6
Emotional problems	10.5	8.3	13.9	5.6	22.2	8.2	18.1
Premarital	0	5.6	2.8	0	2.8	1.8	2.8
Divorce	0	2.8	13.9	2.8	5.6	1.8	9.7
In-laws	5.3	0	0	2.8	2.8	2.7	1.4
Finance	5.3	2.8	2.8	2.8	2.8	3.6	2.8
Step-families	7.9	11.1	8.3	2.8	2.8	7.3	5.6
Sexual	2.6	5.6	2.8	2.8	8.3	3.6	5.6
Incompatibility	5.3	2.8	0	0	2.8	2.7	1.4
Role conflict	7.9	0	2.8	0	11.1	2.7	6.9
Alcoholic spouse	2.6	11.1	5.6	0	2.8	4.5	4.2
Infidelity	13.2	5.6	2.8	19.4	19.4	12.7	11.1
Other	10.5 (a)	19.4 (b)	13.9 (c)	0	0	10.0	6.9
TOTAL	100.0	100.1	100.1	100.1	100.0	99.8	100.1

\*SAMPLE GROUPS A, B & C BY CLIENT PROBLEM: \*Chi-square = 20.24; df = 24; SIGNIFICANCE = .0201  
 \*\*SAMPLE GROUPS B & C BY CLIENT PROBLEM: Chi-square = 25.56; df = 11; SIGNIFICANCE = .0075  
 SAMPLE GROUPS B & C BY COUNSELLOR IDENTIFICATION OF THE PROBLEM:  
 Chi-square = 19.08; df = 12; SIGNIFICANCE = .0866  
 \*\*\*\* CLIENT'S IDENTIFICATION OF PROBLEM BY COUNSELLOR'S IDENTIFICATION  
 OF PROBLEM: Chi-square = 351.94; df = 132; SIGNIFICANCE = .0000

(a) Group A 'Other problems' identified by interviewee only:

- extra-marital pregnancy
- wife's father's dependence
- violence
- husband's jealousy and possessiveness.

(b) Group B 'Other problems' identified by clients and counsellors (co.)

Clients.	Counsellors
- violence	- violence (same case)
- family problems	- family problems (same case)
- incest	- incest (same case)
- attempt to reconcile (co. = 'role conflict')	- violence (client = 'communication')
- violence (co. = 'divorce')	- desertion (client = 'infidelity')
- money problems (co. = 'divorce')	
- needed advice (co. = communication)	

Table 14 shows the percentage distribution of the three sample groups by the type of problem identified by the interviewee in the telephone interview, and the percentage distribution for Groups B and C for type of problem identified by the counsellor as recorded on the 'pink sheet'. A significant relationship at the 0.05 level is shown amongst the 3 sample groups and at the 0.01 level for sample Groups B and C for problems identified by clients. More Continuers appear to identify their problem as 'communication'. A cross-tabulation of client identification of problem by counsellor identification of problem was also done for Groups B and C. A significant relationship beyond the .0001 level is shown for this chi-square test. When the problem is a specific one such as 'infidelity' or 'incest', however, there appears to be perfect agreement between client and counsellor.

Table 15: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: STATE OF MARRIAGE AT INITIAL CONTACT. (a)

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
No conflict - wanted infor- mation only	5.3	3.0	0	2.8
Some conflict	21.1	15.2	25.0	20.6
Severe conflict, <u>not</u> considering divorce	18.4	27.3	25.0	23.4
Severe conflict, <u>considering</u> divorce	42.1	42.4	41.7	42.1
Separated 0-2 months	7.9	6.1	2.8	5.6
Separated 3-6 months	2.6	6.1	5.6	4.7
Separated 7 months+	2.6	0	0	0.9
				53.3
TOTAL	100.0	100.1	100.1	100.1 (N=107)
MISSING CASES	(0)	(3) (b)	(0)	
Chi-square = 6.54; df = 12; SIGNIFICANCE = .8863				
(a) See 'pink sheet' (Appendix 1.)				
(b) Missing 'pink sheet' information.				

Table 15 shows the percentage distribution of sample groups by the state of the interviewees' marital relationship when they contacted or came to FAMSA. This information was asked of Group A in the telephone interview, but taken from 'pink sheets' when it was recorded by the counsellor for Groups B and C. There is no significant relationship shown between the three groups. The three groups correspond closely in the 'severe conflict, considering divorce' category. Fifty-three percent of the total sample were either seriously considering divorce or already separated when they contacted or came to FAMSA W.C. This finding may have relevance to client engagement in marriage counselling generally.

Table 18: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: ABILITY TO PINPOINT THE PROBLEM IN THE INITIAL TELEPHONE CONTACT

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
Had difficulty pinpointing problem	47.4	66.7	47.2	53.6
Had <u>no</u> diffi- culty pinpointing problem	52.6	33.3	52.8	46.4
TOTAL	100.0	100.0	100.0	100.0
Chi-square = 3.65; df = 2; SIGNIFICANCE = .1609				

Table 18 shows the percentage distribution of the three sample groups for the interviewee's ability to pinpoint the problem in the initial contact. There is no significant relationship between the three groups, although Single Interview Cases seemed to have a tendency to have more difficulty in pinpointing the problem.

Table 19A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: DEGREE TO WHICH INTERVIEWEE WAS 'UPSET' IN THE INITIAL TELEPHONE CONTACT

G R O U P				
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
1. Strongly agreed	36.8	68.6	55.6	53.2
2. Agree	26.3	22.9	19.4	22.9
3. Unsure	2.6	0	2.8	1.8
4. Disagree	31.6	8.6	22.2	21.1
5. Strongly disagree	2.6	0	0	0.9
TOTAL	99.9	100.1	100.0	99.9 (N=109)
MISSING CASES	(0)	(1) (b)	(0)	(1)
MEAN	(2.67)	(1.48)	(1.92)	

(a) Question: 'Would you strongly agree, feel unsure, disagree or strongly disagree with the statement: 'I was upset when I 'phoned FAMSA''?

(b) Interviewee denied any memory of how she felt in the initial contact.

Table 19B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS BY: DEGREE TO WHICH INTERVIEWEE WAS 'UPSET' IN THE INITIAL TELEPHONE CONTACT

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	14.215	2	7.108	5.149	** .007
Within groups	146.335	106	1.381		
TOTAL	160.550	108	1.487		

Tables 19A and 19B show the percentage distribution and ANOVA summary for sample Groups A, B and C by the degree to which interviewees agreed that they felt upset in the initial telephone contact with FAMSA. A significant difference at the .01 level is shown in the ANOVA test.



Table 20: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: PRECIPITATING CRISIS; TYPE OF CRISIS.

PRECIPITATING CRISIS. (a)	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
Yes	73.7	42.9	52.8	56.9
No	26.3	57.1	47.2	43.1
TOTAL	100.0	100.0	100.0	100.0 (N=109)
MISSING CASES	(0)	(1) (b)	(0)	(1)
*Chi-square = 7.43; df = 2; SIGNIFICANCE = .0244				
TYPE OF CRISIS (d)	(N=28)	(N=15)	(N=19)	(N=62) (c)
Crisis in basis tasks	39.3	13.3	10.5	24.2
Family develop- mental tasks	3.6	0	0	1.6
Personal deve- lopmental tasks	3.6	0	0	1.6
Hazardous tasks	39.3	26.7	63.2	43.5
Declined to discuss	14.3	60.0	26.3	29.0
TOTAL	100.1	100.0	100.0	99.9
*Chi-square = 17.14; df = 8; SIGNIFICANCE = .0287				
(a) Question: Often there is something that is the 'last straw' that makes one decide to seek help. Can you remember such an event?				
(b) Premarital case, not asked.				
(c) N = only those cases who said that there had been a crisis event.				
(d) This classification of crises was taken from the MACMASTER model of family therapy. (Epstein and Bishop, 1981: 447-448.)				

Table 20 shows the percentage distribution for sample groups by precipitating crisis and type of crisis. A significant relationship at the 0.05 level was shown for both items. More interviewees in Group A (Defectors) acknowledged a crisis which had precipitated their contact with the agency. More Group A's said that this was a crisis in basic tasks, e.g. communication, roles. More Group C (Continuers) said that the crisis was a 'hazardous' one, such as divorce, separation. There was however the highest percentage (albeit only 9 of 15 cases) in Group B, Single Interview Cases, who declined to discuss the type of crisis event they had identified.

#### 4.2.3 Factors pertaining to client expectations.

Hypothesis 3: There are no significant relationships amongst the expectations held by Group A, Defectors, Group B, Single Interview Cases and Group C, Continuers.

The items used to test this hypothesis were:

- Interviewee's expectation of conjoint or individual interview in the initial telephone contact (Table 21A).
- Whether or not interviewee had told partner of intention to book an appointment for marriage counselling (Table 21B in Appendix 4).
- Type of appointment booked by interviewee (Table 22).
- Degree to which interviewees agreed generally that the first marriage counselling appointment should be a conjoint one (Table 23A and B in Appendix 4).
- Immediacy of expected appointment (Table 24).
- Interviewee's satisfaction with waiting time for first interview (Table 23A and B in Appendix 4).
- Knowledge of what to expect in marriage counselling (Table 26 in Appendix 4).
- Desire for more information re services (Table 26 in Appendix 4).
- Interviewee's expectation of advice (Table 27 in Appendix 4).
- Expectation of more challenge from the counsellor (Table 27 in Appendix 4).
- Expectation of more than one interview (Table 27).

No significant differences are shown on Tables 21A and B, 23A and B, 26 and 27. These tables are to be found in Appendix 4 with the exception of Table 21A which is to be found in the text.

Table 21A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: EXPECTATION OF CONJOINT OR INDIVIDUAL FIRST INTERVIEW.

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
EXPECTATION OF A CONJOINT OR INDIVIDUAL FIRST INTERVIEW				
Expected to come alone	65.8	74.3	47.2	62.4
Expected to come with partner	34.2	25.7	52.8	37.6
TOTAL	100.0	100.0	100.0	100.0 (N=109)
MISSING CASES	(0)	(1) (a)	(0)	(1)
Chi-square = 5.82; df = 2; SIGNIFICANCE = .0543				
(a) Divorced woman, no partner, not asked.				

Table 21A shows the percentage distribution of sample groups for client's expectations for conjoint or individual first interviews. No significant relationship at the 0.05 level was shown amongst the three groups for clients expectations for individual or conjoint interviews. More Continuers however, appeared to expect to come as a couple to the first interview. A high percentage of Group B said they intended coming alone. It is also important to note that 62.4% of the total sample group intended coming alone when they first 'phoned to book an appointment. Table 22 shows what type of appointment was actually booked.

Table 22: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: TYPE OF APPOINTMENT BOOKED BY INTERVIEWEE

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
Conjoint	13.2	25.0	58.3	31.8
Individual female	73.7	72.2	30.6	59.1
Individual male	13.2	2.8	11.1	9.1
TOTAL	<u>100.1</u>	<u>100.0</u>	<u>100.2</u>	<u>100.0</u>
*** Chi-square = 22.45; df = 4; SIGNIFICANCE = .0002				

Table 22 shows the percentage distribution of sample groups by the type of appointment booked by the interviewee. A significant relationship beyond the 0.001 level is shown. There appear to be significantly more couple appointments booked by Continuers than in the other two groups.

Table 24: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: IMMEDIACY OF EXPECTED APPOINTMENT

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
Expected an appointment same day	44.7	22.9	13.9	27.5
Did not expect an appointment same day	55.3	77.1	86.1	72.5
TOTAL	100.0	100.0	100.0	100.0 (N=109)
MISSING CASES	(0)	(1) (a)	(0)	(1)
**Chi-square = 9.38; df = 2; SIGNIFICANCE = .0092				
(a) Interviewee could not remember.				

Table 24 shows the percentage distribution for sample groups for whether or not clients expected an appointment on the day they first 'phoned the agency.

The table was collapsed from a six point scale to a two point scale, in order to identify the difference between appointments expected on the same day, and appointments not expected on the same day. (See question 24a in Structured Telephone Interview, Appendix 2.)

A significant relationship at the 0.01 level of significance is shown amongst the three groups. More Defectors appear to expect to have an appointment on the day they first 'phone the agency.

Table 25A: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS BY: SATISFACTION WITH TIME INTERVIEWEES WERE ASKED TO WAIT FOR THE FIRST INTERVIEW

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
1. Very satisfied	5.3	14.3	2.8	7.3
2. Satisfied	21.1	65.7	77.8	54.1
3. Unsure	18.4	5.7	5.6	10.1
4. Dissatisfied	44.7	14.3	11.1	23.9
5. Very dissatisfied	10.5	0	2.8	4.6
TOTAL	100.0	100.0	100.1	100.0 (N=109)
MISSING CASES	(0)	(1) (a)	(0)	(1)
MEAN	(3.34)	(2.2)	(2.33)	
(a) Interviewee could not remember.				

Table 25B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS BY: SATISFACTION WITH WAITING TIME

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	28.893	2	14.447	16.264	.000****
Within groups	94.153	106	.888		
TOTAL	123.046	108	1.139		

Tables 25A and 25B show the percentage distribution and ANOVA summary for interviewee's satisfaction with the time they had to wait for their first appointment. A significant relationship beyond the .0001 level is shown on the ANOVA. Defectors were clearly more dissatisfied with the time they had to wait for their first appointment, while Single Interview Cases and Continuers expressed more satisfaction.

### 4.3 ACTUARIAL FACTORS

Hypothesis 4: There are no significant differences in the actuarial factors pertaining to Group A, Defectors, Group B, Single Interview Cases and Group C, Continuers.

The questionnaire items pertaining to Hypothesis 4 are:

- Waiting time for first interview (Table 28 in Appendix 4).
- First appointment booked within 4 days of initial telephone contact (Table 29).
- Referral source (Table 30 in Appendix 4).
- Who motivated contact with the agency (Table 31).
- Reaction to agency hours of service (Tables 32A and B).
- Reaction to fee asked for counselling service (Tables 33A and B)
- Reaction to agency address (Table 34 in Appendix 4).

What was explored in some of these items was the interviewee's subjective reaction to actuarial factors, rather than actuarial factors per se.

No significant statistical differences are shown on Tables 28 and 30.

No substantively significant difference is shown on Table 34. These tables are to be found in Appendix 4.

Table 29: PERCENTAGE DISTRIBUTION FOR THREE SAMPLE GROUPS BY:  
WHETHER INTERVIEWEE'S FIRST APPOINTMENT WAS BOOKED  
WITHIN FOUR DAYS OF INITIAL TELEPHONE CONTACT

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
Appointment booked within four days	23.7	54.3	41.7	39.4
Appointment booked after four days	76.3	45.7	58.3	60.6
TOTAL	100.0	100.0	100.0	100.0 (N=109)
MISSING CASES	(0)	(1) (a)	(0)	(1)
*Chi-square = 7.25; df = 2; SIGNIFICANCE = .0266				
(a) Interviewee could not remember.				

Table 29 shows the percentage distribution for the three sample groups for whether interviewee's first appointment was booked within four days. A significant relationship at the 0.05 level is shown amongst the three groups. It would seem that fewer Defectors were given appointments within the first four days after the initial telephone contact.



Table 31: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: WHO MOTIVATED CONTACT WITH THE AGENCY

	G R O U P			
	Defectors (N=38)	Early Terminators (N=36)	Continuers (N=36)	Sample Total (N=110)
Wife	73.7	77.8	55.6	69.1
Husband	15.8	5.6	11.1	10.9
Both husband and wife	5.3	13.9	33.3	17.3
Someone else	5.3	2.8	0	2.7
TOTAL	100.1	100.1	100.0	100.0
*Chi-square = 13.91; df = 6; SIGNIFICANCE = .0307				

Table 31 shows the percentage distribution of sample groups for motivation to contact the agency. There is a significant relationship amongst the groups at the 0.05 level. More Continuers were jointly motivated to come. Only 2 (5.6%) of Defectors were jointly motivated. No Continuers were motivated by 'someone else'. Although the question being explored was aimed at understanding more about the referral source, a possibly crucial aspect of engagement was reflected, i.e. joint motivation of husband and wife.

Table 32A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: DEGREE OF SATISFACTION EXPRESSED BY THE INTERVIEWEE WITH THE HOURS OF SERVICE OFFERED BY THE AGENCY

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
1. Very satis- factory	2.6	5.7	14.3	7.4
2. Satisfactory	44.7	65.7	68.6	59.3
3. Indifferent to hours	28.9	5.7	0	12.0
4. Unsatisfac- tory	21.1	20.0	8.6	16.7
5. Very unsatis- factory	2.6	2.9	8.6	4.6
				21.3
TOTAL	99.9	100.0	100.1	100.0 (N=108)
MISSING CASES	(0)	(1) (a)	(1) (a)	(2)
MEAN	(2.92)	(2.48)	(2.28)	
(a) Client could not remember being told hours.				

Table 32B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS FOR DEGREE OF SATISFACTION EXPRESSED BY INTERVIEWEE WITH HOURS OF SERVICE

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	4.209	2	2.104	2.109	.126
Within groups	104.754	105	.998		
TOTAL	108.963	107	1.018		

Tables 32A and 32B show the percentage distribution and ANOVA summary of sample groups for the interviewee's degree of satisfaction with the agency's hours of service (office hours: 08h30 - 16h30). The ANOVA test does not reflect a significant difference between the means of the three groups. What is of particular interest in these results is the fact that 21.3% of the total sample found the hours unsatisfactory, but this does not appear to be related to engagement in counselling as shown in the ANOVA results.

Table 33A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: DEGREE OF AGREEMENT WITH FEE ASKED FOR MARRIAGE COUNSELLING SERVICE

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
1. Strongly agree with fee asked	10.5	11.4	34.3	18.5
2. Agree with fee asked	50.0	68.6	62.9	60.2
3. Indifferent to fee asked	21.1	2.9	0	8.3
4. Disagree with fee asked	10.5	17.1	2.9	10.2
5. Strongly disagree with fee	7.9	0	0	2.8
TOTAL	100.0	100.0	100.1	100.0 (N=108)
MISSING CASES	(0)	(1) (a)	(1) (a)	(1)
MEAN	(2.55)	(2.26)	(1.71)	
(a) Client could not remember being told about fee.				

Table 33B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS FOR DEGREE OF AGREEMENT WITH FEE ASKED FOR MARRIAGE COUNSELLING SERVICE

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	13.073	2	6.356	8.247	.000****
Within groups	83.223	105	.793		
TOTAL	96.296	107	.900		

Tables 33A and 33B show the percentage distribution and ANOVA summary of sample groups for the extent to which clients agreed with the fee they were asked to pay for each marriage counselling interview. An ANOVA test comparing sample group means was done on this interval data and a significance of  $F =$  beyond .001 level was shown. It seems that Continuers are more enthusiastic about the fee than the other two groups.

#### 4.4 INTERACTIONAL FACTORS

Three different aspects of agency interaction were explored:

- Interviewee's reaction to the initial telephone contact.
- Interviewee's reaction to the counsellor.
- Interviewee's reaction to the content of the first interview.

##### 4.4.1 The initial telephone contact.

Hypothesis 5: There is no significant relationship amongst reactions of Group A, Defectors, Group B, Single Interview Cases and Group C, Continuers, to the initial telephone contact with the agency.

The questionnaire items pertaining to Hypothesis 5 are:

- The degree to which interviewees felt that the initial telephone contact had been reassuring (Tables 35A and B).
- Interviewee's preference for telephone contact with counsellor prior to first interview (Table 35C).

An Analysis of Variance was also done on the Table 35B combined with the content of the first telephone interview, namely, items for:

- Satisfaction with hours (Table 32B).
- Reaction to agency counselling fees (Table 33B).
- Reaction to agency address (Table 34B) and agency address.

The rationale for including reaction to hours, fees and address was that the information received in the first telephone contact could also have influenced engagement.

Table 35A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: DEGREE TO WHICH THE FIRST TELEPHONE CONTACT WITH THE AGENCY WAS FELT TO BE REASSURING. (a)

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
1. Strongly agree	2.6	14.3	16.7	11.1
2. Agree	39.5	45.7	55.6	46.8
3. Unsure	15.8	17.1	16.7	16.5
4. Disagree	34.2	20.0	8.3	21.1
5. Strongly disagree	7.9	2.9	2.8	4.6
TOTAL	100.0	100.0	100.1	100.1 (N=109)
MISSING CASES	(0)	(1) (b)	(0)	(1)
MEANS	(3.05)	(2.51)	(2.25)	

(a) Question: Would you agree that the first telephone contact with FAMSA was reassuring?

(b) Interviewee could not remember.

Table 35B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS FOR THE ABOVE SCALE

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	12.429	2	6.214	5.810	.004**
Within groups	113.388				
TOTAL	125.816	108	1.165		

Tables 35A and 35B show the percentage distribution of sample groups and ANOVA summary for the degree to which interviewees perceived the first telephone contact with the agency as reassuring. Table 35B shows the ANOVA summary which reflects a significant difference at the 0.005 level between the group's means. Defectors were less positive about the reassuring nature of the first telephone contact with the agency.

Table 35C: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS BY: INTERVIEWEE'S PREFERENCE FOR CONTACT WITH THE COUNSELLOR BEFORE THE FIRST APPOINTMENT.

	G R O U P			
	Defectors (N=33)	Single Interview Cases (N=34)	Continuers (N=35)	Sample Total (N=102)(a)
COUNSELLOR CONTACT BEFORE FIRST APPOINTMENT.				
Would have liked prior contact	54.5	50.0	28.6	44.1
Unsure	18.2	2.9	20.0	13.7
Would not have liked prior contact	27.3	47.1	51.5	42.2
	_____	_____	_____	_____
TOTAL	100.0	100.0	100.1	100.0
Chi-square = 11.57; df = 6; SIGNIFICANCE = .0722				
(a) N = Only those cases who had not had prior contact with counsellor.				

Table 35C shows the percentage distribution for three sample groups for interviewee's preference for having contact with their counsellor before the first interview. There is no significant relationship amongst sample groups, although the result of the Chi-square test is approaching a level of significance.

Table 36: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS B AND C FOR COMBINED MEANS OF: PERCEPTION OF FIRST TELEPHONE CONTACT WITH AGENCY AS REASSURING; REACTION TO FEES; REACTION TO HOURS OF SERVICE; REACTION TO AGENCY ADDRESS

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	96.579	2	48.379	8.124	.001***
Within groups	637.204	107	5.955		
TOTAL	733.963	109	6.734		

Table 36 shows ANOVA summary table for sample Groups B and C for overall reaction to the first telephone contact. This includes the interval scales for: perception of the first telephone contact as reassuring (Table 35B); reaction to fees (Table 32B), reaction to hours of service (Table 33B) and reaction to agency address (Table 34B) of these four items are combined and the total compared. (Table 36). A significant difference at the .001 level is shown between the three groups for these combined means.

#### 4.4.2 Interviewee's perception of counsellor characteristics in the first interview.

Hypothesis 6: There are no significant relationships between Group B, Single Interview Cases, and Group C, Continuers, in the way interviewees perceive their counsellors.

Questionnaire items pertaining to Hypothesis 6 are:

- Interviewee's agreement that the counsellor was warm (Tables 37A and B in Appendix 4).
- Interviewee's agreement that counsellor was easy to talk to (Tables 38A and B in Appendix 4).
- Interviewee's agreement that counsellor was interested (Tables 39A and B).
- Interviewee's agreement that counsellor was competent (Tables 40A and B).
- Interviewee's agreement that the counsellor was fair to both partners (Tables 41A and B).
- Interviewee's comfort with counsellor's age (Tables 42A and B).
- Interviewee's satisfaction that counsellor really understood their problems (Tables 43A and B).
- Degree to which interviewees felt that they could be open with their counsellor (Tables 44A and B).

A combined ANOVA of the above eight items was also done (Table 45).

No significant relationships were shown in Tables 37A and B and 38A and B. These tables are to be found in Appendix 4.



Table 39A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY:  
INTERVIEWEE'S AGREEMENT THAT THE COUNSELLOR WAS INTERESTED  
IN THE FIRST INTERVIEW

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
1. Strongly agree	27.8	55.6	41.7
2. Agree	52.8	44.4	48.6
3. Unsure	11.1	0	5.6
4. Disagree	8.3	0	4.2
5. Strongly disagree	0	0	0
TOTAL	100.0	100.0	100.1
MEAN	(2.00)	(1.55)	
Question: Would you agree or disagree that your counsellor could be described as interested?			

Table 39B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS B AND C FOR:  
INTERVIEWEE'S AGREEMENT THAT THE COUNSELLOR WAS INTERESTED  
IN THE FIRST INTERVIEW.

Source of variation	Sum of squares	df	Mean square	F	Significance of F
Between groups	5.556	1	5.556	11.146	.001***
Within groups	34.889	70	.498		
TOTAL	40.444	71	.570		

Tables 39A and 39B show the percentage distribution and ANOVA summary for sample Groups B and C by interviewee's agreement that the counsellor was interested in the first interview. A significant difference at the .001 level was shown on the ANOVA, comparing the means of the two sample groups.

Table 40A: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS B AND C BY:  
INTERVIEWEE'S AGREEMENT THAT THE COUNSELLOR WAS COMPETENT  
IN THE FIRST INTERVIEW.

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
1. Strongly agree	8.3	36.1	22.2
2. Agree	50.0	52.8	51.4
3. Unsure	22.2	2.8	12.5
4. Disagree	19.4	8.3	13.9
5. Strongly disagree	0	0	0
TOTAL	99.9	100.0	100.0
MEAN	(2.53)	(1.83)	
Question: Would you agree or disagree that your counsellor was competent?			

Table 40B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS B AND C FOR:  
INTERVIEWEE'S AGREEMENT THAT THE COUNSELLOR WAS COMPETENT  
IN THE FIRST INTERVIEW

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	8.681	1	8.681	11.258	.001***
Within groups	53.972	70	.771		
TOTAL	62.653	71	.882		

Tables 40A and 40B show the percentage distribution and ANOVA summary for sample Groups B and C by interviewee's agreement that the counsellor was competent in the first interview. A significant difference at the .001 level is shown on the ANOVA comparing the means of the two groups.

Table 42A: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS B AND C BY: DEGREE TO WHICH INTERVIEWEES FELT COMFORTABLE WITH COUNSELLOR'S AGE IN THE FIRST INTERVIEW

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
1. Very comfortable	11.1	36.1	23.6
2. Comfortable	63.9	55.6	59.7
3. Unsure	2.8	0	1.4
4. Uncomfortable	16.7	8.3	12.5
5. Very uncomfortable	5.6	0	2.8
TOTAL	100.1	100.0	100.0
MEAN	(2.42)	(1.81)	
Question: How comfortable were you with the age of your counsellor?			

Table 42B: ANOVA SUMMARY FOR SAMPLE GROUPS B AND C FOR: DEGREE TO WHICH INTERVIEWEE FELT COMFORTABLE WITH COUNSELLOR'S AGE IN THE FIRST INTERVIEW

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	6.722	1	6.722	7.308	.009**
Within groups	64.389	70	.920		
TOTAL	71.111	71	1.002		

Tables 42A and 42B show the percentage distribution and the ANOVA summary for sample Groups B and C for the degree to which interviewees said they felt comfortable with the age of their counsellor in the first interview. A significant difference at the .01 level is shown in the ANOVA, comparing the means of the two groups.

Table 43A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY: DEGREE TO WHICH INTERVIEWEE FELT SATISFIED THAT PROBLEMS WERE REALLY UNDERSTOOD BY THE COUNSELLOR IN THE FIRST INTERVIEW.

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
1. Very satisfied	22.2	52.8	37.5
2. Satisfied	52.8	41.7	47.2
3. Unsure	8.3	2.8	5.6
4. Dissatisfied	13.9	2.8	8.3
5. Very dissatisfied	2.8	0	1.4
TOTAL	100.0	100.1	100.0
MEAN	(2.22)	(1.55)	

Table 43B:: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS B AND C FOR: DEGREE TO WHICH INTERVIEWEES FELT SATISFIED THAT THEIR PROBLEMS WERE REALLY UNDERSTOOD BY THE COUNSELLOR IN THE FIRST INTERVIEW.

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	8.000	1	8.000	10.161	.002***
Within groups	55.111	70	.787		
TOTAL	63.111	71	.889		

Tables 43A and 43B show the percentage distribution and ANOVA summary for sample Groups B and C for the degree to which interviewees felt that their problems had really been understood by the counsellor in the first interview. There was a significant difference at the .005 level for the ANOVA, comparing the means of the two groups.

Table 44A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY: DEGREE TO WHICH INTERVIEWEES FELT SATISFIED THAT THEY COULD BE OPEN WITH THEIR COUNSELLOR IN THE FIRST INTERVIEW

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
1. Very satisfied	16.7	30.6	23.6
2. Satisfied	55.6	61.1	58.3
3. Unsure	5.6	8.3	6.9
4. Dissatisfied	22.2	0	11.1
5. Very dissatisfied	0	0	0
TOTAL	100.1	100.0	99.9
MEAN	(2.33)	(1.78)	
Question: How satisfied were you that you were really able to express what was bothering you?			

Table 44B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS B AND C FOR: DEGREE TO WHICH INTERVIEWEES FELT SATISFIED THAT THEY COULD BE OPEN WITH THEIR COUNSELLOR IN THE FIRST INTERVIEW

Source of variation	Sum of squares	df	Mean square	F	Significance of F
Between groups	6.300	1	6.300	9.244	.003***
Within groups	46.343	68	.682		
TOTAL	52.643	69	.763		

Tables 44A and 44B show the percentage distribution and ANOVA summary for sample Groups B and C for the degree to which interviewees felt satisfied that they could be open with their counsellor in the first interview. There was a significant relationship between the two groups at the 0.005 level on the ANOVA, comparing the means of the two sample groups.

Table 45: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS B AND C BY:  
COMBINED MEANS FOR COUNSELLOR WARMTH; COUNSELLOR EASY  
TO TALK TO; COUNSELLOR INTEREST; COUNSELLOR COMPETENCE;  
COUNSELLOR FAIRNESS; COUNSELLOR'S AGE; COUNSELLOR'S  
UNDERSTANDING; COUNSELLOR'S ENABLING INTERVIEWEE TO  
BE OPEN

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	165.014	1	165.014	7.918	.006**
Within groups	1458.861	70	20.841		
TOTAL	1623.875	71	22.871		

Table 45 shows an ANOVA for the combined means of the eight scales used to test Hypothesis Six (Tables 37-44). A significant difference at the .01 level is shown. There is clearly a significant difference between the way Single Interview Cases and Continuers viewed their counsellors in the first interview.

#### 4.4.3 Interviewee's perceptions of the content of the first interview.

Hypothesis 7: There are no significant relationships in interviewee's perceptions of the content of the first interview between Group B, Single Interview Cases, and Group C; Continuers.

The questionnaire items pertaining to Hypothesis 7 are:

- Client and counsellor's agreement about the problem as reported by interviewee (Table 46).
- Interviewee's awareness of contracting to work on specific issues (Table 47).
- Interviewee's awareness of contracting to attend a specific number of sessions (Table 47).
- Whether clients who came alone were asked to bring their partner to the next interview (Table 48 in Appendix 4).
- Whether forms were given to read or complete (Table 49).
- Whether a second interview was booked (Table 49).
- Interviewee's satisfaction with the first interview (Table 50A and 50B).

No significant relationship was shown on Table 48. This table is to be found in Appendix 4.

Table 46: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS B AND C BY:  
CLIENT AND COUNSELLOR'S AGREEMENT ABOUT THE PROBLEM  
AS REPORTED BY INTERVIEWEE (a)

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
Yes	61.1	94.4	77.8
Unsure	19.4	2.8	11.1
No	19.4	2.8	11.1
TOTAL	99.9	100.0	100.0
**Chi-square = 11.57; df = 2; SIGNIFICANCE = .0031			
(a) Question: Did you and your counsellor agree on what the problem areas were?			

Table 46 shows the percentage distribution of Sample Groups B and C for client and counsellor's agreement on problem areas as reported by interviewee. There was a significant relationship between the two groups at the .005 level. This result should be compared with Table 14 which shows a cross-tabulation of problem as identified by interviewee, and problem as identified by counsellor on the 'pink sheet'. A significant difference beyond the .0001 level was shown in the latter case.



Table 47: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY:  
CONTRACTING TO WORK ON SPECIFIC ISSUES; CONTRACTING  
TO ATTEND A CERTAIN NUMBER OF SESSIONS.

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
CONTRACTED TO WORK ON SPECIFIC ISSUES			
Yes	50.0	91.7	70.8
Unsure	2.8	5.6	4.2
No	47.2	2.8	25.0
TOTAL	100.0	100.1	100.0
**** Chi-square = 18.97; df = 2; SIGNIFICANCE = .0001			
CONTRACTED TO ATTEND			
Yes	22.2	63.9	43.1
Unsure	0	0	0
No	77.8	36.1	56.9
TOTAL	100.0	100.0	100.0
***Corrected Chi-square = 11.10; df = 1; SIGNIFICANCE = .0009			
Question: 'Was it agreed that you should attend a number of sessions?'			
Question: 'Did you and your counsellor agree to work on specific issues?'			

Table 47 shows the percentage distribution of sample Groups B and C for counsellor and client contracting to work on specific issues and to attend a certain number of sessions. A significant relationship was found between the two groups at the .0001 level for contracting to work on specific issues. A significant relationship at the .001 level was found between groups for contracting to attend a certain number of sessions.

Table 49: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS B AND C BY: WHETHER FORMS (OR QUESTIONNAIRES) WERE GIVEN TO READ OR COMPLETE AFTER THE FIRST INTERVIEW; WHETHER A SECOND INTERVIEW WAS BOOKED AT THE END OF THE FIRST INTERVIEW.

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
FORMS GIVEN			
Yes	30.6	75.0	52.8
No	69.4	25.0	47.2
TOTAL	100.0	100.0	100.0
***Corrected Chi-square = 12.54; df = 1; SIGNIFICANCE = .0004			
SECOND INTERVIEW BOOKED			
Yes	22.2	83.3	52.8
No	77.8	16.7	47.2
TOTAL	100.0	100.0	100.0
****Corrected Chi-square = 24.56; df = 1; SIGNIFICANCE = .0000			

Table 49 shows the percentage distribution of sample groups for clients being given forms or questionnaires to read or complete, and whether or not a second interview was booked at the end of the first interview. In both cases there were significant relationships between the two groups. There was a significant association at the .001 level for the use of forms (between the two groups).

In the case of booking a second interview, a significant relationship beyond the .0001 level was shown between the two groups.

Table 50A: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS B AND C BY: DEGREE TO WHICH INTERVIEWEES SAID THEY FELT SATISFIED WITH THEIR FIRST INTERVIEW

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
1. Very satisfied	22.2	75.0	48.6
2. Satisfied	41.7	22.2	31.9
3. Unsure	0	0	0
4. Dissatisfied	16.7	2.8	9.7
5. Very dissatisfied	19.4	0	9.7
	<hr/>	<hr/>	<hr/>
TOTAL	100.0	100.0	99.9
MEAN	(2.53)	(1.31)	

Question: 'How satisfied did you feel with your first interview?'

Table 50B: ANOVA SUMMARY FOR SAMPLE GROUPS B AND C FOR: DEGREE TO WHICH INTERVIEWEE'S SAID THEY FELT SATISFIED WITH THEIR FIRST INTERVIEW

Source of variation	Sum of squares	df	Mean square	F	Significance of F
Between groups	34.722	1	34.722	26.628	.0000****
Within groups	91.278	70	1.304		
TOTAL	126.000	71	1.775		

Tables 50A and 50B show the percentage distribution and ANOVA summary for the degree to which interviewees said they felt satisfied with their first interview. A significant difference beyond the .0001 level was shown between sample group means on the ANOVA test.

#### 4.5 COUNSELLOR FACTORS

Hypothesis 8: There are no significant relationships in counsellor factors between Group B, Single Interview Cases, and Group C, Continuers.

Questionnaire items pertaining to Hypothesis 8 are:

- Counsellor language (Table 50 in Appendix 4).
- Position in the agency (whether an employed social worker or a volunteer) (Table 51 in Appendix 4).
- Counsellor age (Table 52 in Appendix 4).
- Marriage counselling experience (Table 55).
- General social work experience (Table 54 in Appendix 4).
- Professional qualifications (Table 55).
- UNISA Diploma (Table 53 in Appendix 4).

No statistically significant differences were shown on Tables 50, 51, 52, 53 and 54. These tables are to be found in Appendix 4 with the exception of Table 55 which is to be found in the text.

Table 55: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY:  
COUNSELLOR'S PROFESSIONAL QUALIFICATIONS; ONE OR MORE  
THAN ONE YEARS OF MARRIAGE COUNSELLING EXPERIENCE

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
PROFESSIONAL QUALIFICATIONS			
Social work - 3 years	70.4	40.7	55.6
Social work - 4 years	29.6	59.3	44.4
TOTAL	100.0	100.0	100.0 (N=54)
Other (a)	(9)	(9)	(18)
Corrected Chi-square = 3.68; df = 1; SIGNIFICANCE = .0552			
ONE OR MORE YEARS OF MARRIAGE COUNSELLING EXPERIENCE			
One year	77.8	55.6	50.0
More than one year	22.2	44.4	50.0
TOTAL	100.0	100.0	100.0
Corrected Chi-square = 3.06; df = 1; SIGNIFICANCE = .0801			
(a) 'Other' professional qualifications referred to one Nursing Sister and two teachers who are trained volunteers.			

Table 55 shows the percentage distribution of sample Groups B and C for professional qualifications and one or more years of marriage counselling experience. Volunteers who were not social workers were excluded from 'Professional Qualifications' because the question which was being explored was professional social work qualifications. It was hypothesized that the three year social work qualification changed in 1982 to a four year qualification could be out of date. Four years also included additional recent study and the three year degree. No significant relationship at the .05 level was shown between Groups B and C for professional qualifications or counsellor experience. While the relationships between sample groups are not significant for professional qualifications and experience, there is a tendency towards significance on both items.

4.6 REASONS GIVEN BY INTERVIEWEES FOR DEFECTION OR ATTENDING ONE INTERVIEW

Table 56: PERCENTAGE DISTRIBUTION OF GROUP A BY: REASONS GIVEN FOR DEFECTION

	Defectors (N=38)	
Having to wait for an appointment (b)	13.2	} 28.8% Actuarial
FAMSA's hours of service	2.6	
Transport	2.6	
Cost of service	10.5	
Problem got worse	10.5	
Felt apprehensive and cancelled	5.3	
Husband refused to come	13.2	} 21.1% spouse not coming
Being asked to bring spouse	7.9	
Problem got better	18.4	} 34.2% uncommitted to counselling?
Other reasons (a)	15.8	
TOTAL	100.0	

(a) 'Other' reasons given for defection included the following:

- Problems at work, could not get permission.
- Decided she must solve the problem herself.
- Had to cancel because of business.
- Too busy.
- Came but FAMSA had double booked.
- Can't remember.

(b) One person while waiting for appointment, was violently assaulted.

Table 56 shows the percentage distribution of reasons given by clients for defection. It is interesting to note that 28.8% of reasons given by clients are actuarial factors. 21.1% have to do with the spouse not coming. The 18.4% who 'got better' and 10.5% who 'got worse' are also of interest. Several clients indicated that 'phoning for an appointment was an 'ultimatum' .... 'Come and see the marriage counsellor or else!! There seems to be an element of limited commitment to counselling in some of the 'other' reasons given.

Table 57: PERCENTAGE DISTRIBUTION OF GROUP B FOR REASONS FOR ONLY ATTENDING ONE INTERVIEW

	Single Interview Cases (N=36)	
Hours of service	0	} 11.1% Actuarial
Transport (Swellendam!)	2.8	
Cost of service	8.3	
Did not like general atmosphere at FAMSA	0	
Partner would not attend	36.1	} 38.9% spouse not coming
Being asked to bring partner	2.8	
Unable to make a commitment to counselling at this point	5.6	
Problem got better without help	2.8	} 19.5%
One interview helped	16.7	
Problem got worse/hopeless	5.6	
Other (a)	19.4	Interactional factors?
TOTAL	100.1	

(a) 'Other' reasons for terminating early included:

- Counsellor did not contact her as promised (2 cases)
- Absolute waste of time.
- Felt that there was no help, no interest.
- Counsellor could not understand the problem
- Felt that the problem was too complicated for a social worker.
- Felt that they would not get the help they needed.

Table 57 shows the percentage distributions of reasons given by clients for only attending one interview. Only 11.1% in this group gave actuarial reasons for dropout. By far the largest percentage of reasons for dropout were related to the spouse not wanting to come (38.9%). It is also of interest to note that one interview helped or the problem got better in 19.5% of cases.

It would seem that the 'other' reasons were mostly to do with interactional factors or expertise of service.

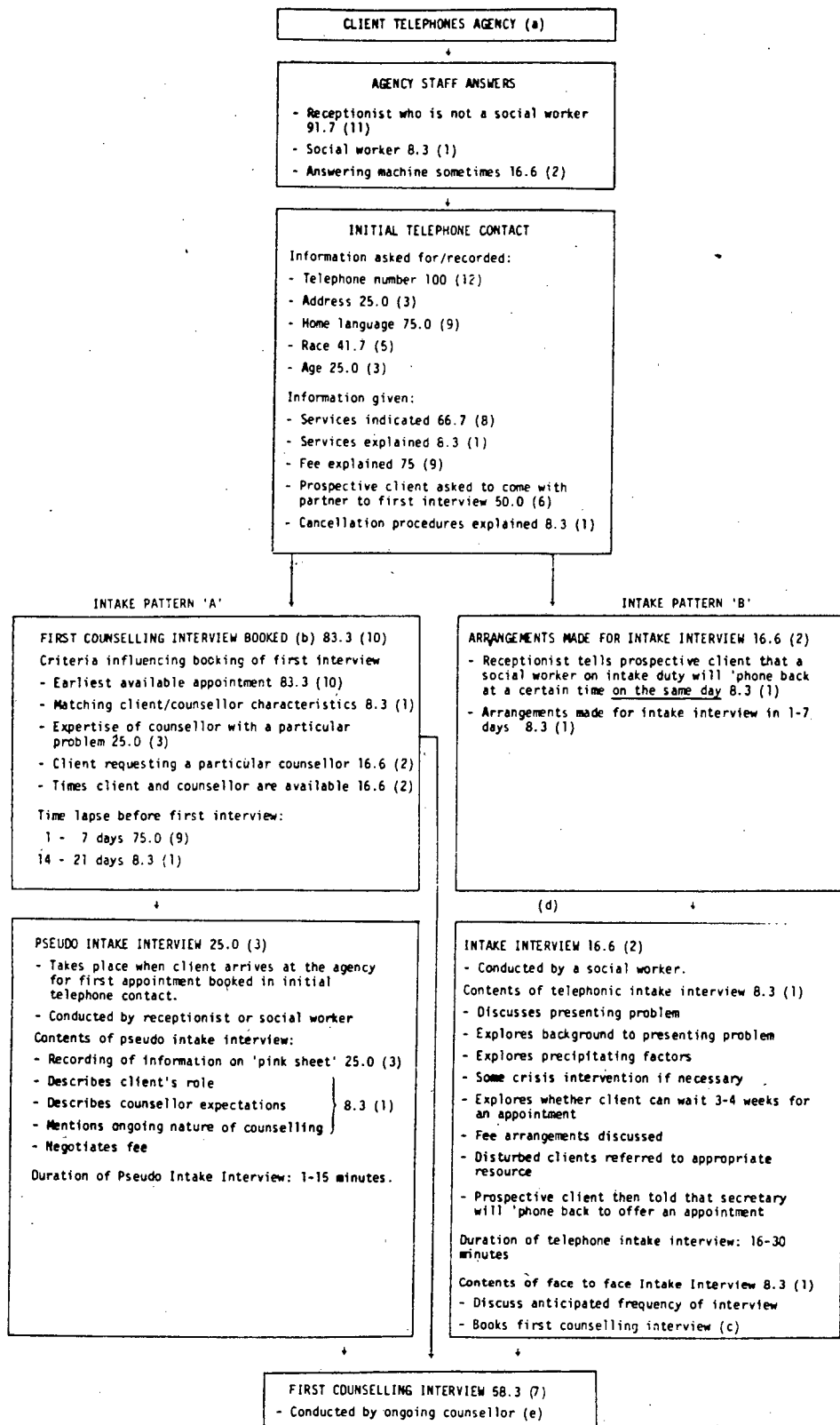
#### 4.7 RESULTS OF THE INTAKE PROCEDURE QUESTIONNAIRE

Of the 12 intake procedure questionnaires mailed to branches of FAMSA believed to be active in counselling, 11 were returned. A postcard was received from the 12th branch to say that counselling was not being done at the time of the study. The questionnaire completed by FAMSA W.C. was also included to make a total of 12. In 4 of these 12 questionnaires Question 20 on statistics was not completed. In 2 other cases this section was spoiled. A decision not to reproduce the data on statistics was taken (see discussion pages 53 and 54).

The data shown in this section are derived from the 12 questionnaires completed by FAMSA branches. Information is derived both from the responses made on the structured questionnaire, and the additional information given in open questions and written comments made by two agencies on the questionnaires. Data are presented in the form of a 'flow chart'. Two patterns of intake are identified, Pattern 'A' and Pattern 'B'.



Table 58: FLOW CHART SHOWING THE PERCENTAGE DISTRIBUTION OF INTAKE PROCEDURES OF 12 FAMSA AGENCIES



- (a) Clients are generally encouraged to book their own appointment at FAMSA agencies.
- (b) No agency indicated on the questionnaire that the presenting problem was explained in the initial telephone contact.
- (c) Information on face to face interview appeared to be incomplete.
- (d) One agency gives clients a handout to read on agency procedures and fees on arrival at the agency.
- (e) Fee negotiation, exploration, decisions presumably all take place in the first counselling interview.

Table 58 is a flow-chart showing the percentage distribution of different aspects of the nature and content of the intake procedures used by 12 FAMSA agencies. Most agencies (91.7%) use receptionists to answer the telephone. Only one agency (8.3%) has a social worker taking the first telephone call from clients. Two agencies (16.6%) also said that they sometimes use an answering machine.

All agencies (100%) record the client's telephone number. The address is recorded by 25%, home language by 75% and race by 41.7%. The presenting problem is apparently never recorded. Most agencies (66.6%) give some indication of the services offered, while one (8.3%) gives clients a fuller explanation of services. Half the agencies (50%) specifically ask clients in the first telephone contact to come with their partner to the first interview. The counselling fee is also explained to the client in 75% of agencies. The first interview is booked by 83.3% of agencies in the initial telephone contact. This approach is identified as intake pattern 'A' on the flow-chart. Two agencies (16.6%) arrange for the prospective client to have an intake interview after the initial telephone contact. This approach is identified as intake pattern 'B' on the flow-chart.

In intake pattern 'A' (83.3%) the earliest available appointment is overwhelmingly the strongest factor motivating the allocation of clients to a particular counsellor. Expertise of the counsellor with a particular problem was named by 25% of agencies as a factor influencing allocation. Unless there was confusion in the completion of the questionnaire, however, it would seem that no agency routinely asks clients about the presenting problem in the first telephone contact. This makes it hard to imagine how clients can be allocated to counsellors on the

basis of their expertise with a specific problem.

Clients requesting particular counsellors (16.6%) and counsellor and client working times (8.3%) were also named as factors influencing allocation of clients to counsellors in intake pattern 'A'. Only one agency (8.3%) said that matching was a factor which influenced allocation. In spite of this 10 of the 12 agencies responded to the question on matching. Of the total sample, 75% said that clients and counsellors were matched according to language, 25% according to age and 41.7% according to race. Perhaps matching is intuitive?

Most agencies (75.0%) in intake pattern 'A' said that an appointment was usually offered to the client within one week. Only one (8.3%) said that clients were usually asked to wait 2 to 3 weeks for their first appointment.

Of the 10 agencies who use intake pattern 'A' three (25.0%) conduct a pseudo intake interview when the client arrives at the agency for the first interview.

Pseudo intake interviews (25%) are conducted either by a social worker or the receptionist, and take place just before the first interview which was booked in the initial contact. The duration of pseudo intake interviews was indicated to be 15 minutes or less. All three agencies who conduct pseudo intake interviews record 'pink sheet' information. One agency also discussed the client and counsellor's roles, the expected duration of counselling and negotiates the counselling fee.

The second contact for the 7 agencies (58.5%) using intake pattern 'A' who do not have a pseudo intake interview is in the first counselling interview. Here the ongoing counsellor presumably does intake tasks

as well. Two agencies use intake interviews (16.6%) (intake pattern 'B'). One of these agencies has a telephonic intake interview, the other conducts a face-to-face intake interview. Both intake interviews are conducted by social workers. The duration of the face-to-face intake interview is 1-15 minutes. This takes place 1-7 days after the initial telephone contact. The content of this face-to-face interview was indicated as 'discussion of anticipated frequency of interviews' - but information appears to be incomplete.

The telephonic intake interview, lasting 16-30 minutes, is conducted on the day the client makes initial contact with the agency by a social worker who is doing intake phoning the client back. Here it was indicated that the presenting problem, background to the problem and the precipitating factors are discussed. Disturbed clients are referred elsewhere, and the clients are asked whether it is possible for them to wait 3-4 weeks. Some crisis intervention may also be done on the 'phone, and the clients are told that the secretary will 'phone them back to give them their appointment time.

Table 59: PERCENTAGE DISTRIBUTION OF THE THEORETICAL ORIENTATION OF 12 FAMSA AGENCIES

	%	No.
Behavioural, social learning, task or action orientated approach	33.3	4
Psychodynamic	8.3	1
Systems/Structural/Strategic	0 (a)	
Eclectic	58.3	7
Other	0	
TOTAL	99.9	12

(a) Three (25%) of agencies indicated systems/strategic/structural but also indicated other theories, so were included in the 'eclectic' category.

Table 59 shows the percentage distribution of 12 FAMSA agency's theoretical orientations. Four (33.3%) of agencies indicated that their theoretical orientation was behavioural. One (8.3%) agency said that the orientation was psychodynamic. All the other agencies (58.3%) either indicated an 'eclectic' orientation, or ticked two or more categories.

Changes in Intake Procedures had also been undertaken by four agencies since 1982. These changes are:

- Clients are asked to 'phone and confirm their appointment on the day of the appointment because so many clients failed to attend the first interview.
- System changed from minimal intake by receptionist to a telephonic intake interview by a social worker. Telephonic intake interview was started for the following reasons:
  - o Some crisis intervention could be provided on the 'phone.
  - o Clients and problem could be assessed, and a referral to a more

appropriate resource made if necessary, especially in the case of disturbed clients.

- ° Clients could be asked whether they were able to wait 3-4 weeks for an appointment.
- ° The following comment was also made - 'A busy switchboard is not conducive to making good contact with clients.'

In order to implement the telephonic intake interview system a daily roster is drawn up of social workers on intake.

- Clients are told about the fee on the first telephone contact to avoid the embarrassment of clients being unprepared to pay the required fee at the first interview.
- Clients are given more information about services in the first telephone contact.

All four of these agencies said that the changes they had made arose from agency awareness of difficulties.

Additional aspects of intake procedures not reflected in the questionnaire were noted by 2 agencies.

- The receptionist does intuitive intake.
- Clients are asked to record their own particulars on a form given to them before the first interview. They are also asked to read a handout explaining agency policy and fee structure.

#### 4.8 CONCLUSION

The results of the 110 structured telephone interviews conducted with the three sample groups - Defectors, Single Interview Cases and Continuers, have been presented. Only the tables in which significant relationships are shown or which are relevant to the discussion in Chapter 5 have been presented because of the large amount of data. All other tables showing results of structured telephone interviews are to be found in Appendix 4. The results of the intake procedure questionnaire have also been presented.

## CHAPTER 5

### DISCUSSION OF RESULTS

#### 5.1 INTRODUCTION

The discussion of results will be conducted according to the same four factor framework and intake procedures as used to present the results in Chapter 4. The results will be discussed in relation to the findings and ideas generated in the literature review, the methodological adequacy of data and the limitations of the study. The relevant hypotheses will then be accepted or rejected on the basis of finding some relationships amongst the sample groups. This procedure, although arbitrary, has been adopted to provide greater clarity for areas of future research.

#### 5.2 CLIENT FACTORS

##### 5.2.1 Demographic factors.

The perusal of literature on demographic variables in relation to client engagement, has suggested that other variables may also be associated with demographic factors and failure to engage. In this study, significant relationships were found amongst the three sample groups on two questionnaire items used to measure demographic factors.

- Joint monthly income (Chi-square = 29.68; df = 12;  $p < .005$ ) (Table 11).
- Age of female partner (Chi-square = 29.74; df = 18;  $p < .05$ ) (Table 7).

No significant associations were found on the other 13 items used in the scale developed to test Hypothesis 1 (see page 57).



According to Baekeland and Lundwall (1975) income is an indicator of SES and is found to be predictive of dropout. Slipp, Ellis and Kressel (1974) have suggested that SES is related to authoritarianism in the father who is often the most 'resistant' member. They hypothesize that the egalitarian atmosphere of conjoint therapy is threatening to individuals with a high degree of authoritarianism. This seems a plausible explanation. Nothing is gained however from labelling the father or husband as the problem. As pointed out by Carpenter and Treacher (1983), a self-fulfilling prophecy could well be established. It is more useful to focus on aspects of agency behaviour which can be adapted. For example, the type of treatment that is being offered, could be assessed in terms of its suitability for different client groups. The view that the type of treatment offered is highly relevant to SES, is supported by the fact that 16 of the 18 studies on which Baekeland and Lundwall (1975) base their conclusions took place in psychoanalytically orientated clinics. Sager et al (1969) also stress the importance of client's expectations in relation to SES. The counselling fee too - as discussed later, has been shown to be related to client engagement (Table 33: page 77) Money may be a deciding factor for poor clients. Although not part of the sample population of this study, the preliminary investigations showed a far higher defection rate among the so-called coloured group (53.8%, Table 3: page 9). As Slipp, Ellis and Kressel (1974: 416) point out, studies have shown that there is a stronger link between income levels and family functioning than between racial and ethnic groupings. Perhaps this group too would benefit from exploration of expectations or a more flexible approach? This is an area not covered by this study which requires further investigation.

The significant findings in the age of female partner (Chi-square = 29.74;  $df = 18$ ;  $p < .05$ ) are congruent with the findings of Baekeland and Lundwall (1975: 755) that age is related to dropout. Women in the 26-30 year age group tend to drop out more often. These findings are not altogether surprising in a population of clients with marital problems if the statistics of divorce are taken into account. According to the 1985 statistics, (Central Statistical Services: Report 07-02-19) most divorces occur between 0-4 years of marriage. More women under 30 fall into this category. It is possible that this group of prospective clients are under great stress and are more ambivalent about the relationship than any other age group. More women than men approach FAMSA in any case (Table 4: page 59). Again, agency awareness and sensitivity to the likelihood of significantly more younger women defecting would be helpful. Early preventive as well as sensitive and supportive remedial services could be offered to this group.

The significant findings in this section need to be tentatively accepted however, due to methodological difficulties. Both the questionnaire items discussed are in the section of the structured telephone interview in which archival and self-report data were combined. (See discussion page 52.)

The circumstances under which interviewees in Group A and clients in Groups B and C were asked their income were very different. Other items in which there was a large amount of missing 'pink sheet' information such as the educational level of male partners (Table 8: in Appendix 4) could also have been affected by methods used.

While the methods of data collection do cast doubt on the expedience of rejecting Hypothesis 1, some significant relationships found suggest that demographic factors may be related in some way to engagement in marriage counselling and Hypothesis 1 is therefore rejected. Age in particular is related to divorce statistics. Income may also be a relevant factor in relation to the type of service expected by lower socio-economic groups. On the other hand clients may simply not be able to pay for the service. The fact that demographic differences were so minimal in this study is also encouraging, and could reflect existing agency flexibility. For example, in South Africa particularly where home language is often connoted with cultural differences the agencies 'invisible culture' conveyed in the initial telephone contact with clients was not related to client defection.

#### 5.2.2 Problem related factors.

Most clients contacting a marriage counselling agency would presumably have marriage or relationship problems. Although no significant relationship with engagement in counselling was shown on the questionnaire item exploring the state of the marriage (Table 15: page 64), it is relevant to engagement and intake procedures that 53.3% of the total sample population were either seriously considering divorce or already separated when they first contacted the agency. This state of crisis was not significantly different in the three sample groups. This may well be a conservative finding, due to interviewee's reticence in a brief telephone interview, for as Lederer and Jackson (1968) show, 80% of the hundreds of couples they interviewed said that they had seriously considered divorce at some stage. The fact is, many prospective clients are at a crisis point in their lives when they contact the agency, and

problem related factors and how they relate to engagement in marriage counselling should be viewed against this backdrop.

Literature reviewed earlier indicated that differences in problem related factors could be relevant to engagement in therapy, but no empirical evidence was available as to the relationship of problem factors to engagement in marriage counselling.

Statistically significant associations were found in 4 of the 10 questionnaire items used to test Hypothesis 2 (see page 62).

- Type of problem as identified by client (Table 14).
- Degree of 'upset' acknowledged by interviewee in the initial telephone contact (Table 19).
- Crisis nature of the problem (Table 20)
- Type of crisis (Table 20).

The point made by researchers cited earlier (Noonan, 1973; Slipp and Kressel, 1978; Curtis and McVittie, 1978) that engagement in counselling is associated with defining the problem in personal terms seems to be supported by this study. A significant association between the three sample groups (Group A, Defectors) and between sample Groups B and C (Single Interview Cases and Continuers) was found for client problem identification. More Continuers defined their problem as 'communication' which implies an interactional nature to the problem, to which both partners contribute. Problem identification in the other two Groups (A and B) was often more concrete or in terms of the spouse's problem e.g. alcoholic partner, (Borghi, 1968). Counsellor's identification of problems was not significantly associated with engagement, however.

This makes the way in which clients tend to identify their problems all the more striking.

The relationship of engagement in counselling to anxiety level appears to be a complex one. (Anxiety level in this study was measured by asking interviewees to rate their degree of 'upset' in the initial telephone contact on a five point scale.) A significant difference between sample group means ( $F = 5.149$ ;  $df = 2$  and  $106$ ;  $p < .01$ ) was shown on this questionnaire item. The distribution of Defector's responses was interesting. While  $\pm 65\%$  said they were upset,  $\pm 35\%$  denied feeling upset when they 'phoned the agency. This of course could be interpreted as a defence against anxiety! Noonan's (1973) findings on the association of defection and higher levels of stress are not supported by objective evidence in this study. This relationship needs further investigation.

Of all Single Interview Cases, on the other hand, 91% strongly agreed, or agreed that they felt upset when they 'phoned the agency. This is congruent with the findings of Slipp and Kressel (1978) that high levels of subjective stresss (either in marriage or through external stress) in family therapy are associated with premature termination.

The finding that there is a statistically significant relationship between the three sample groups ( $\text{Chi-square} = 7.43$ ;  $df = 2$ ;  $p < .05$ ). in their identification of a precipitating crisis is of interest. More Defectors said there had been an event which had been the 'last straw' which had made them decide to contact the agency. Gaines and Stedman (1981: 50) hypothesize that acute disturbances are more likely to be reactions to temporary situational stress to which families

quickly adapt. Table 56 shows that Defectors also said that they 'got better' without help in 18.4% of cases. Only one Single Interview Case (2.8%) said that the problem got better without help (Table 57 : page 97). It is also possible that Defectors 'phone a marriage counselling agency as part of their problem-solving strategy ... 'do something, or I'm going to see a marriage counsellor!'

A significant association between sample groups was also shown on the item for the type of crisis identified (Chi-square = 17.14; df = 8;  $p < .05$ ). The numbers in this sample total were only those interviewees who had identified a crisis. The largest percentage of Single Interview Cases (60%) fell into the 'declined to discuss' category on this item. While the findings of this questionnaire item are inconclusive as to the type of crisis experienced, it is interesting to speculate about the relationship of this finding with that of Noonan, (1973). Noonan found a significant relationship between client defection and clients being vague, evasive and unable to pinpoint their problem. In this study the item used to explore clients' ability to pinpoint their problem (Table 18: page 65) did not yield a statistically significant result, although some Single Interview Cases had trouble pinpointing their problem. The 'evasiveness' of declining to discuss the crisis (Table 20: page 67) could be indicative of the phenomenon identified by Noonan. The relationship between evasiveness about the problem and failure to engage in counselling could be an interesting one to explore.

No support was found for the findings of McAdoo and Roeske (1973) and Gaines and Stedman (1981) that dropout was less among clients with chronic problems. Some people with chronic marital problems may opt to stay in the marriage because of economics, or the children

(Prochaska and Prochaska, 1978), yet not be motivated to work on the marriage.

Some evidence has been shown in this study that problem factors are related to engagement in marriage counselling. Identification of the problem in interpersonal terms such as communication, is associated with engagement. Subjective stress (feeling upset) was also related to engagement. Clients who acknowledged the highest level of subjective stress only attended one interview. More clients who could identify a crisis event which had prompted them to contact the agency, defected. On the grounds of this evidence, which is congruent with some previous findings in the related fields of family and individual therapy, it is possible to accept that some problem factors are associated with engagement in marriage counselling (i.e. Hypothesis 2 is rejected).

#### 5.2.3 Factors pertaining to client expectations.

The literature reviewed showed that congruent client expectations were related positively to engagement in therapy (Hoehn-Saric et al, 1964, Orne and Wender, 1968, Plunkett, 1984). Significant differences were found in 4 of the 11 items used to explore the relationship between client expectations and engagement in marriage counselling. In addition a significant association was shown on the questionnaire item for who motivated contact (Table 31), which although examined in relation to actuarial factors has relevance to client expectations as well.

Significant associations were found on the following questionnaire items:

- Interviewee's expectation of conjoint versus individual first interview (Table 21).
- Type of appointment booked (Table 22).
- Interviewee's satisfaction with waiting time for the first interview (Table 25B).
- Immediacy of expected appointment (Table 24).
- Who motivated contact with the agency (Table 31).

No significant relationships were shown on the remaining items (see page 68).

There is a tendency (Chi-square = 5.82; df = 2;  $p < .0534$ , Table 21) for clients who expect to come together for the first interview to be more likely to engage in marriage counselling. There was also a significant relationship shown (Chi-square = 22.45; df = 2;  $p < .001$ ) in the type of appointment booked by the three sample groups. More conjoint first interviews appear to be booked in the Continuer Group. When both partners motivate contact together they are also significantly more likely (Chi-square = 13.91; df = 6;  $p < .05$ ) to continue. These findings are congruent with those of Sager et al (1968) and Slipp, Ellis and Kressel (1975). (See page 20.)

While these findings do not in any way question the greater effectiveness of conjoint marital counselling (Gurman and Kniskern, 1986) or detract from the considerable advantages of a conjoint approach, especially in the first interview, they do highlight the fact that the initial commitment to marriage, readiness or expectations of prospec-



tive clients as to treatment form need to be taken into account (Plunkett, 1984). Some initial exploration of client's expectations (which may depend on commitment to the marriage) may be indicated before a conjoint approach can be successfully implemented, if defection or attendance of only one interview is to be reduced.

Evidence is also shown in this study that clients approaching a marriage counselling agency often expect an immediate response to their request for service. A statistically significant relationship amongst sample groups ( $\text{Chi-square} = 9.38$ ;  $\text{df} = 2$ ;  $p < .01$ ) was shown in client's expectation of an appointment on the very day they 'phone, and great dissatisfaction was expressed at having to wait for an appointment, ( $F = 16.264$ ;  $\text{df} = 2$  and  $106$ ;  $p < .0000$ ). Clearly crisis intervention is expected, and prospective clients defect if they do not get an immediate response. This finding links with the finding that Defectors were more frequently able to identify a precipitating crisis event (see discussion page 18).

Treatment form has been shown to be crucial in relation to client's expectations, while no evidence is shown that the process of treatment is related to client engagement. This finding is congruent with that of Plunkett (1984). Many clients approaching a marriage counselling agency also expect an immediate response to their request for service.

On the grounds of the evidence shown and its congruence with previous research, it is possible to accept that there is a relationship between client expectations of treatment form and client expectations of an immediate intervention and engagement in marriage counselling (i.e. reject Hypothesis 3).

### 5.3 ACTUARIAL FACTORS

Statistically significant relationships were shown in 5 of the 6 questionnaire items used to explore the relationship between actuarial factors and client engagement in marriage counselling. Only 2 of these results appear to be substantively significant, however. The 2 items in which significant differences between sample groups were shown are:

- Waiting time for first interview (Table 29).
- Reaction to the fee asked for counselling service (Table 33A and 33B).

A significant association was shown between sample groups (Chi-square = 7.25; df = 2;  $p < .05$ ) in clients having to wait up to four days, or having to wait longer than four days for their first appointment. Having to wait for an appointment is also named by 13.2% of Defectors (Table 56: page 96) as the main reason for defection. The immediacy of the first appointment is also named as a crucial factor in engagement in family therapy by Stanton and Todd (1981). Their study is done on families of drug addicts. Is it possible that in both the drug addict population and in marriage counselling, the request for service is made at a crisis point? This idea is given support by the fact that longer waiting time is not shown in this study (Table 28: Appendix 4) or in the research of Curtis and McVittie (1978) (who suggest that waiting time of up to 4 weeks makes very little difference to defection) to be related to failure to engage in marriage counselling.

The findings of Berg and Rosenblum (1977) on the relevance of agency hours of service to engagement in family therapy are not supported by

the results of this study. While a significant relationship is shown ( $\text{Chi-square} = 23.84$ ;  $\text{df} = 8$ ;  $p < .005$ ) amongst sample groups for the questionnaire item used to test reaction to agency hours, no significant difference is shown between sample group means for this interval type data ( $F = 2.109$ ;  $\text{df} = 2$  and  $105$ ;  $p < .10$ ). In addition, 21.3% of the total sample expressed negativity about the agency hours, but this does not appear to be related to engagement in counselling. This conclusion is supported by the fact that only one Defector gave agency hours as a reason for defection (Table 56).

The interviewee's reaction to the counselling fee is shown in this study to be significantly related to engagement in marriage counselling.

( $F = 8.247$ ;  $\text{df} = 2$  and  $105$ ;  $p < .000$ ). The cost of service was also named as the main reason for both defection and only attending one interview by 10.5% of interviewees in both these groups. (See Table 56 and Table 57: pages 96 and 97). While no research was found on this topic, this finding is congruent with experience in practice at FAMS W.C..

Agency accessibility as a factor influencing client engagement in marriage counselling was not fully explored in this study. Nevertheless, only one Defector and one Single Interview Case (the latter came from Swellendam) said that transport was the reason for not coming or continuing with counselling.

The decision to reject Hypothesis 4 is taken on the grounds of the statistically significant association shown between sample groups for waiting time and the statistically significant difference in sample

group means for reaction to agency fees. Immediacy of appointment has also been shown to be relevant to engagement in family therapy research (Stanton and Todd, 1981). This finding is further substantiated by interviewee's negative reactions to having to wait for an appointment (see Table 25B). The relationship between referral source and engagement in counselling was not fully explored in this study. There seems to be some indication that the relationship between a pressurizing referral source in the case of poorer clients may be a factor adversely affecting engagement. (See commentary Table 3 page 9.) This relationship should be further investigated.

#### 5.4 INTERACTIONAL FACTORS

##### 5.4.1 Initial telephone contact.

A significant difference in sample group means was shown ( $F = 5.810$ ;  $df = 2$  and  $106$ ;  $p < .005$ ) for the degree to which interviewees found the initial telephone contact reassuring (Table 35B: page 79). This scale was aimed at identifying the relationship component of the initial telephone contact. An attempt was also made to illicit the interviewee's overall response to both the reassuring nature of the initial contact and to the prospective client's reaction to information received in the initial telephone contact. The group means for the reassuring nature of the initial telephone contact, interviewee's reaction to agency fees (Table 33: page 77), hours of service (Table 32: page 76) and agency address (Table 34: Appendix 4) was therefore combined ( $F = 8.124$ ;  $df = 2$  and  $107$ ;  $p < .001$ ). This measure too shows a statistically significant difference between sample group means, indicating that the difference in reaction to the initial telephone contact is

related to client engagement. Clients who perceive the initial contact negatively appear to defect more often. These findings are congruent with the literature cited earlier (Quintana, 1974; Gaines, 1978) which stress the importance of the initial contact with the receptionist, albeit anecdotally.

An attempt was also made to assess the interviewee's specific needs in the initial telephone contact by asking them whether they would have liked a fuller explanation of the services offered by the agency. No significant differences were shown on this scale.

According to Stanton and Todd (1981) the earlier the therapist makes contact with the client personally, the more likely the client will be to engage in family therapy. Interviewees who did not have prior contact with their counsellor in this study were asked whether they would have liked such contact. The relationship between sample groups (Chi-square = 11.53; df = 6; Significance = .0722) although approaching significance failed to reach the .05 level. These two questionnaire items (Table 26: Appendix 4 and Table 35C: page 80) in which clients were asked to 'imagine' whether they would have liked more information or contact with their counsellor in a brief interchange which took place months before this study was conducted, do not provide information on which conclusions can be based. It is suggested that a study comparing these different procedures would be more appropriate.

The decision to reject Hypothesis 5 is taken on the grounds that significant differences have been shown between sample group means on two questionnaire items:

- interviewee's perception of the initial telephone contact as

reassuring;

- interviewee's overall reaction to the initial telephone contact.

The other two items exploring a need for more information and early contact with the counsellor require further investigation, because of the hypothetical nature of the questionnaire items. Further objective comparison of procedures is advocated.

#### 5.4.2 Client-counsellor interaction

Client-counsellor interaction in the first interview was measured in this study by asking interviewees to react to a number of possibly relevant counsellor characteristics. Significant differences between means of Groups B and C were found on the interval type data on the following questionnaire items:

- Counsellor interest (Table 39B).
- Counsellor competence (Table 40B).
- Comfort with counsellor's age (Table 42B).
- Counsellor's empathy (feeling understood) (Table 43B).
- Counsellor's non-judgemental attitude (Interviewee's perception of being able to be open) (Table 44B).
- Overall client-counsellor interaction (Table 45).

No significant differences were found for counsellor warmth (Table 37B) or the counsellor being easy to talk to (Table 38B). Clients seeking marriage counselling appear to be seeking more than just 'warmth' and being able to get things off their chests.

Therapist interest was found to be the earliest predictor of engagement (Saltzman et al, 1976). Therapist interest was also shown to

be statistically significant in this study ( $F = 11.146$ ;  $df = 1$  and  $70$ ;  $p < .001$ ). Special skill is required for marriage counselling (Gurman and Kniskern, 1978, Rutan and Smith, 1985). This study also reflects statistically significant differences in means of sample Groups B and C for counsellor competence ( $F = 11.258$ ;  $df = 1$  and  $70$ ;  $p < .0001$ ), empathy ( $F = 10.161$ ;  $df = 1$  and  $70$ ;  $p < .005$ ), and a non-judgemental attitude ( $F = 9.244$ ;  $df = 1$  and  $68$ ;  $p < .005$ ) to engagement in marriage counselling. The fact that counsellor competence is shown to be more significantly related to client engagement than empathy or a non-judgemental attitude is congruent with the findings of Shapiro and Budman (1975: 60) in family therapy. As Prochaska and Prochaska (1973: 1) pessimistically point out, most therapists are as poorly prepared for marital therapy as most spouses are for marriage! Expertise in marriage counselling has been shown to be (by clients at least) one of the most crucial factors in engagement in marriage counselling.

Although no literature has been found showing that counsellor age affects marriage counselling, it is anecdotally reported in practice that very young counsellors have difficulty in the initial engagement of clients in marriage counselling, especially with clients older than themselves. In this study, more Single Interview Cases felt that the counsellor's age was a problem ( $F = 7.308$ ;  $df = 1$  and  $70$ ;  $p < .01$ ). The sample group of 9 counsellors in this study, whose ages ranged from 27-58 years, was not adequate to uphold a claim that this factor has been shown to be empirically related to engagement in marriage counselling, however.

A study whose aim is to assess this factor, in which a larger sample group of counsellors are randomly selected, and extraneous variables controlled, would be a more appropriate way of reaching a conclusion about the relationship of counsellor age to engagement in marriage counselling.

In an attempt to assess the overall reaction of interviewees to their counsellors in the first interview, a multiple ANOVA of the combined means of the eight items used to test this hypothesis was done. A significant difference ( $F = 7.918$ ;  $df = 1$  and  $70$ ;  $p < .01$ ) between the two sample groups was shown. Although the methods used to assess client-counsellor interaction relied entirely on interviewee self-report, the results in this section are highly significant and congruent with the findings of Shapiro and Budman (1973) that client's negative perceptions of their counsellors are related to dropout in family therapy. These findings are further supported by comparing them with the spontaneous reasons given by interviewees for attending only one interview (Table 57). The 'other reasons' (19.4%), are all related to client-counsellor interaction. On the grounds of the highly significant findings in 6 of the 8 items and of the combined ANOVA and the congruence of these findings with previous research, Hypothesis 6 is rejected.

#### 5.4.3 Interviewee's reaction to the contents of the first interview in marriage counselling.

Specific aspects of the first interview in marriage counselling have been shown to be important (Gaunt, 1985). The findings of this study



also show a significant association in the reaction of Single Interview Cases and Continuers to the contents of the first interview. A statistically significant difference in sample group means was shown ( $F = 26.628$ ;  $df = 1$  and  $70$ ;  $p < .000$ ) on the scale used to assess interviewee's general satisfaction with the first interview (Table 50B).

A statistically significant relationship was shown (Chi-square =  $11.57$ ;  $df = 2$ ;  $p < .01$ ) between sample Groups B and C for interviewee's view of whether they and their counsellor agreed about the problem (Table 46: page 90). A significant relationship was also shown (Table 14: page 63) (Chi-square =  $35.94$ ;  $df = 132$ ;  $p < .000$ ) when interviewee and counsellor's view of the problem were compared.

The relationship between problem recognition and engagement is also shown to be significant by Epperson, Bushway and Warman (1983). Contracting explicitly to work on specific issues (Chi-square =  $18.97$ ;  $df = 2$ ;  $p < .0001$ ) and to attend a certain number of sessions (Chi-square =  $11.10$ ;  $df = 1$ ;  $p < .001$ ) were also found to be statistically significant. This finding is congruent with that of Goodyear and Bradley (1980).

Interviewees who came alone to the first interview were also asked whether their counsellor had asked them to ask their partner to come with them to the next interview. There were no significant differences between sample groups on this scale. Of this group, 87.8% had been asked to bring their partners. What is of interest is that 38.9% (page 97) of the total sample of Single Interview Cases said that the reason they had only attended one interview was that their partner would not come, or that they had been asked to bring their partner. This is congruent with the findings of Berg and Rosenblum (1977) that the most

frequent reason given for not engaging in family therapy was the spouse's non-compliance. This finding is also congruent with the tendency towards a significant association shown between sample groups for client's expectation of a conjoint or individual first interview (Table 21: page 69). Of the clients who attended only one interview, 74% expected to come alone in the first place. Is it possible that counsellors keen to reap the considerable advantages of the conjoint approach, sometimes ask clients to come alone to involve their partner either inappropriately (see discussion page 20) or too quickly? As Sager et al (1968) show, of the 47% who initially requested individual therapy, 67% were engaged with their partners within six weeks. Client's initial expectations concerning a conjoint or individual first interview could be useful to explore.

A significant relationship ( $\text{Chi-square} = 12.54$ ;  $\text{df} = 1$ ;  $p < .0005$ ) was also shown on the questionnaire item exploring whether or not interviewees had been given forms to read or complete. At FAMSA W.C. clients are often given a suitable questionnaire e.g. Snyders Marital Satisfaction Inventory (M.S.I.) (1981) or Stuart's Marital Precounseling Inventory (M.P.I.) (1972) and a handout on the rationale of counselling adapted from Stuart (1980) (see Appendix 5). Gaunt (1985), highlights the relationship between instructing clients in the rationale of marriage counselling and client engagement. The usefulness of using forms and questionnaires in involving clients in counselling is not new. Margolin (1981: 105) points out that Stuart's M.P.I. (1972) assists the 'socialization into the therapy process by directing clients' observations to the positive aspects of their own and their spouse's behaviour'.

A significant relationship ( $\text{Chi-square} = 24.56$ ;  $\text{df} = 1$ ;  $p < .000$ ) was also shown on the item exploring booking a second appointment. This is congruent with Gaunt's advice (1985). Perhaps booking a second appointment could be especially relevant for clients who come alone.

Significant associations in the interviewee's perception of the contents of the first interview have been shown to be statistically significant in 6 of the 7 questionnaire items used to test Hypothesis 7. On the grounds of these results it is possible to establish a relationship between interview content and engagement - and to reject Hypothesis 7. Nevertheless it should be noted that there could be many other crucial factors operating - for example client motivation. It is important to note that while first interview contents are crucial, there is no causal relationship with engagement. The counsellor's identification of the contents of the first interview as well as objective audio-visual identification could be interesting to study in relation to client's views and the services offered for a specific problem.

## 5.5 COUNSELLOR FACTORS

The results in this section are based on a very small sample. Cases for the three sample groups of clients were randomly selected and the total number of counsellors for the sample population was 9. This small group of counsellors included social workers and trained counsellors of varying levels of qualification and experience. There were English and Afrikaans speaking counsellors, whose ages ranged from 25-58 years.

No statistically significant relationships were found on any of the 6 questionnaire items in the scale developed to test Hypothesis 8. A tendency towards significance was shown on professional qualifications (Table 55: page 95) ( $\text{Chi-square} = 3.68$ ;  $\text{df} = 1$ ;  $p < .0552$ ). However,

while having a social work degree appeared to make no difference, there were more Continuers who had seen counsellors who had 4 or more years of social work education. This is congruent with the findings of Berg and Rosenblum (1977) who found that the number of training experiences related positively to the number of families who were engaged. A tendency towards significance ( $\text{Chi-square} = 3.06$ ;  $\text{df} = 1$ ;  $\text{Significance} = .0801$ ) was shown on the item measuring marriage counsellor experience (Table 53). Social work experience on the other hand did not approach a significant level of association. Research on experience and engagement is complex, however. Epperson, Bushway and Warman (1983) suggest that less experienced counsellors may tend to retain more clients, while Gaunt (1985) suggests that more experienced counsellors may 'weed out' clients. Slipp and Kressel (1978) however, found in conjoint therapy that dropouts' rates were higher with inexperienced counsellors. Perhaps a certain level of experience in marriage counselling is necessary.

These questions need further investigation. There may be a combination of counsellor factors related to client engagement in marriage counselling. Certainly client's perception of counsellor's competence was associated with engagement (Table 40: page 84). The findings on this scale, while they suggest that further investigation would be fruitful, do not provide sufficient evidence for rejecting Hypothesis 8 and accepting that counsellor factors are significantly related to engagement in marriage counselling.

## 5.6 INTAKE PROCEDURES (See Flow-chart Table 58: page 99.)

Two different patterns of intake procedures were evident in the 12 questionnaires completed by FAMSAs branches, and were identified as

intake pattern 'A' and intake pattern 'B' on the flow-chart.

In intake pattern 'A' the first counselling interview is booked in the initial telephone contact. When this is the case, the content and interaction of the initial telephone contact are crucial to client engagement. The initial telephone contact has been shown to be related to client engagement in this study. ( $F = 5.810$ ;  $df = 2$  and  $106$ ;  $p < .005$ , Table 35B: page 79) ( $F = 8.124$ ;  $df = 2$  and  $107$ ;  $p < .001$ , Table 36: page 81).

The importance of the initial contact with the receptionist has also been highlighted in literature (Quintana, 1974, and Gaines, 1978). It is interesting to note the comment made by the agency which has recently changed its intake procedures to include a telephonic intake interview (intake pattern 'B'). 'A busy switchboard was not conducive to making good contact with prospective clients.' Even good receptionists might be hard pressed at times to adequately engage clients in the initial telephone contact in a busy agency. Only one agency using intake pattern 'A' indicated that services were fully explained in the initial telephone contact while 8 more said that they were 'indicated'. The question covering this aspect in the telephone interview (see Table 26, Appendix 4), did not show that clients considered this important. This question also did not adequately explore the topic as discussed earlier (page 20). On the other hand, client's expectations of the format of the first interview (whether the first interview would be a conjoint or an individual one) was shown to be related to engagement ( $\text{Chi-square} = 5.82$ ;  $df = 2$ ;  $p < .05$ , Table 21). Six of the 12 FAMSA branches indicated that they routinely asked the prospective client to come to the first interview with their spouse. The literature on the advantages and disadvantages of this approach has been fully discussed (pages 19-22). What is of importance here

is the point made by Teisman (1980: 394) in relation to family therapy. An intake worker 'may experience an internal conflict' around who to convene when the person doing intake is not clear about the theoretical model to be used. Hesitation creates a 'vacuum' which will most likely be filled by the client deciding who should come. On the other hand a dogmatic approach in the face of client's incongruent expectations may cause the client to decide not to keep the appointment - i.e. to defect. As shown in Table 59: Page 103), 7 of the 12 agencies use an eclectic theoretical approach which presumably means that flexibility is possible. This may also mean that agency policy about who should be convened is difficult to formulate clearly. For example, a structural approach would dictate both partners be convened, while a psychodynamic approach may allow for more flexibility initially (Teisman, 1980). An eclectic approach may be less definitive one way or the other.

It is this researcher's contention that this is a difficult issue for a receptionist to explore and decide on appropriately both because of the prospective client's expectations and because even the approach of individual counsellors may vary. It is also impossible to expect a receptionist to assess whether a client is seriously disturbed or not and would be better referred to a psychiatric resource.

Nine of the 12 agencies also indicated that the counselling fee was discussed in the initial telephone contact. One of these agencies said that this procedure had been recently introduced, so as to avoid clients being embarrassed when asked to pay a fee unexpectedly on arrival for the first interview. On the other hand, the results of the telephone survey in this study show that client's positive

reaction to the counselling fee is associated with engagement.

( $F = 8.247$ ;  $df = 2$  and  $105$ ;  $p < .000$ , Table 33B: page 77.) Clients simply being informed of the counselling fee, without time (if the switchboard is busy) to assess the client's situation and to explain that the fee could be adapted could be a negative factor for client engagement.

All 10 agencies using the pattern 'A' approach indicated that the most important consideration in booking the first interview is the earliest available appointment. This factor has been shown to be important in this study. Many clients who defect expect to have an appointment on the day they telephone the agency (Chi-square =  $9.38$ ;  $df = 2$ ;  $p < .01$ , Table 24). Dissatisfaction with waiting time was associated with defection ( $F = 16.264$ ;  $df = 2$  and  $106$ ;  $p < .000$ , Table 25B: page 72). In the actual delay before the first appointment a significant association was shown between defection and appointments booked longer than 4 days after the initial telephone contact. In 9 out of the 10 agencies using pattern 'A', the usual delay was indicated as between 1-7 days. One agency said that the delay between the initial telephone contact and the first interview was usually between 14-21 days.

One agency using pattern 'A' also indicated that client-counsellor matching was done. Several other agencies indicated that home language, race and age were also matched, so presumably some matching is intuitively done. This study has shown that home language is not related to client engagement. This may be because in most cases clients are placed with counsellors of a similar language in any case. Age was only considered by three agencies. The results of this study show that clients' negative reactions to counsellor age was in fact related to failure to continue beyond one interview ( $F = 7.308$ ;  $df = 1$  and  $70$ ;

$p < .01$ , Table 42B: page 85). As discussed the counsellor sample was too small to provide confidence in the finding however. Race was not a factor explored in this study.

Three of the agencies using pattern 'A' also have a short 'pseudo intake interview' when the clients arrive for the first interview. The object of this is to record information and negotiate the counselling fee so as to leave the counsellor free to engage the client without having to ask for and record particulars. This may be a useful approach for counsellors. The effect of the client(s) having to tell all the details of his/her/their situation to another person apart from the counsellor on arrival at the agency, when tension is likely to be high, should also be considered.

Stanton and Todd (1981: 268) make the point that direct early therapist-client contact is best, as a sort of 'imprinting' occurs, which is positive for client engagement. On the other hand it is administratively more satisfactory to complete the paper work and collect the counselling fee before the first interview.

The 7 agencies using pattern 'A' who do not have pseudo intake interviews appear to have the second contact with the client in the first counselling interview itself, and presumably all information and negotiation takes place at this point.

At face value the direct booking of the first interview in the initial telephone contact as in intake pattern 'A' appears to have the advantage of being administratively easier for an agency with limited staff. The time taken in the first interview should be compared with the time taken



in an intake interview however. There may be a number of cases who are not suitable or who find that they do not wish to avail themselves of the service when they know more about it. Unexplained defection and Single Interview Cases may be related to pattern 'A'. The therapeutic disadvantages of inappropriate convening should also be taken into consideration. Intake pattern 'A' also puts heavy responsibility on the receptionist, and the 'urgency' of every case could put the staff under pressure leading to burnout. Bryan (1981) identifies the risk of burnout in situations of heavy pressure over which the worker has no control.

A possible way of reaping the advantages of intake pattern 'A' would be to provide immediate first interviews and to view the first interview as an intake interview if there were enough counsellors available to provide an immediate service without undue pressure on the staff. This would allow for the advantages of a thorough assessment, for crisis intervention if necessary and for on-going counselling with the counsellor doing the first intake/counselling interview. Appropriate convening could still be implemented at this point, even by the counsellor 'phoning the other partner during the intake/first interview. This technique is suggested by Stanton and Todd (1981). This model could only be effective if ample counsellors were available.

Intake pattern 'B' takes the form of an intake interview being arranged in the initial telephone contact with the client. Two of the 12 agencies use this approach. In one of these agencies a face-to-face intake interview is arranged within a week of the initial telephone contact. Very little information was given about the contents of this intake interview in the questionnaire. A study was done by Marriage Guidance in

Britain (Curtis and McVittie, 1975) entitled 'Two years of Intake Interviews' which assessed the introduction of intake interviews. It was found by these researchers that brief face-to-face intake interviews made no difference to client defection although they do save time. Gaunt (1985) found that intake interviews prepare clients better for the first interview. The disadvantages of introducing too many 'treaters' mentioned by Stanton and Todd (1981) might be relevant here too. The intake interview does have the advantage of providing for an adequate assessment leading to therapeutic decisions concerning:

- whether the agency service is appropriate or whether the client should be referred elsewhere;
- who should be convened for the first interview;
- which counsellor would be best equipped to handle the problem;
- whether the case requires immediate intervention, or could wait without undue harm.

The other agency using intake pattern 'B' tells clients in the initial telephone contact that they will be 'phoned back by a social worker on that same day. The social worker then conducts a telephone intake interview with the prospective client. This allows for the assessment of the client's suitability, and the appropriate referral of especially disturbed clients. Some crisis intervention is possible and clients are also asked whether it will be possible for them to wait for three to four weeks for an appointment. 'Good contact' is also possible in these less rushed circumstances. Although not mentioned in the questionnaire, this procedure also presumably allows for appropriate convening of either the couple or of the client alone. This method seems to include the advantages of an immediate response to the clients

without the client having to come to the agency and getting so involved with a counsellor that it is difficult to start all over again with another counsellor, even if more appropriate. This also allows for a considered decision as to who to allocate the client to and what treatment method to adopt. A difficulty with this approach might be that it would be considerably more complicated administratively. The agency using this approach has a roster of social workers doing intake on a daily basis. An advantage, however, would be that the professional staff are able to respond to and 'control' their caseloads by using a waiting list with clients for whom it is not a problem to wait. This may be relevant for burnout. (Bryan, 1980.)

In conclusion, intake pattern 'A' could be positively used if the first interview was offered within four days, if it were seen as an 'intake interview' and if there were sufficient counsellors to provide this swift and indepth response to every prospective client who contacts the agency. Intake pattern 'B', specifically the telephonic intake interview, provides a flexible alternative for dealing with the many requests for service in the best possible way, while it may take more agency organization. If the telephonic intake interview were conducted by the counsellor who is to continue with the case, this would be additionally advantageous.

## 5.7 CONCLUSION

Statistically significant relationships have been found in 7 of the 8 scales developed to test the hypotheses formulated. Hypothesis 8 was not rejected although results show a tendency towards significance.

Null hypotheses 1, 2, 3, 4, 5, 6 and 7 were rejected on the grounds that some items showed statistically and substantively significant relationships.

Topics for further research have been identified. Two patterns of intake procedures used in marriage counselling agencies have also been identified and discussed in relation to the significant relationships identified in the telephone survey data, especially when supported by other research findings.

A large amount of data has been presented and discussed. Before drawing final conclusions a summary of research findings, tentative guidelines for engaging clients in marriage counselling and topics for future research are presented in table form in Chapter 6.

## CHAPTER 6

### SUMMARY OF FINDINGS, PRACTICAL RECOMMENDATIONS AND TOPICS FOR FUTURE RESEARCH

#### 6.1 INTRODUCTION

This chapter provides a summary of the findings of this study. Recommendations for the initial engagement of prospective clients in counselling in an agency offering marriage counselling services are also presented in the form of specific guidelines and general conclusions. Topics for future research arising from this study, are also summarized.

#### 6.2 SUMMARY OF FINDINGS, GUIDELINES AND TOPICS FOR FUTURE RESEARCH

In order to coherently relate the specific guidelines and topics for future research to the findings of this study, this information is presented in table form. Only those findings which are substantively significant and statistically significant at the .05 level or beyond (unless otherwise stated) are presented.

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Verbal memory was assessed using a narrative, as well as a list of words. On the overview of narrative memory (as measured by the WISC-R. Logical memory test) Mr Basson performed at an Average level on both immediate and delayed recall of stories (99<sup>th</sup> and 90<sup>th</sup> percentiles respectively).

On the Rey Auditory Verbal Learning Test (RAVLT) his performance over the first 5 trials was in the Above average range (70<sup>th</sup> percentile). He was able to repeat 0 words from the interference list, and thereafter was able to recall 12 words from the original list (both Average percentiles). After a 30-minute delay his performance remained Average (66<sup>th</sup> percentile) as he again recalled 12 of the 15 words. On the Recognition test he correctly identified 10 words with only one false positive.

### Visual Memory

As most visual memory tests have a visual component (drawing of designs), an alternative test was utilized. The Child Memory scale Dot Location subtest, normed for 10 year olds, was administered. On a task of visual learning Mr Basson scored at the 4<sup>th</sup> percentile. His total score, including an immediate recall trial following an interference, was also at the 2<sup>nd</sup> percentile (Below average range). His delayed recall was at the 10<sup>th</sup> percentile. Qualitative observation revealed that there was no loss of information.

### Executive functioning

Executive functioning refers to higher-order cognitive processes such as initiation, planning, cognitive flexibility, decision making, regulation and feedback utilisation. It also refers to aspects of personality and behavioural changes, including affect and insight.

Although there are certain tests that are known to sample executive functioning per se, performance across all tests offer valuable qualitative data. The first test to be administered was the Wisconsin Card Sort Test. Mr Basson was mentally alert and enthusiastic to figure out the sorting rules. His performance was well within the normal range. However, it soon became evident that his mental efficiency and executive functioning deteriorated as the testing proceeded. In fact, within the first hour of the assessment, signs of fatigue set in. His responses became less considered and often revealed areas of emotionally charged personal issues, often relating to his injuries.

Table 63:: SUMMARY OF RESEARCH FINDINGS; GUIDELINES FOR THE INITIAL ENGAGEMENT OF CLIENTS IN COUNSELLING IN AGENCIES OFFERING MARRIAGE COUNSELLING SERVICES; SUGGESTED TOPICS FOR FUTURE RESEARCH.

SUMMARY OF RESEARCH FINDINGS	GUIDELINES FOR ENGAGING CLIENTS IN COUNSELLING IN A MARRIAGE COUNSELLING AGENCY	TOPICS FOR FUTURE RESEARCH
<b>CLIENT FACTORS</b>		
<u>Demographic factors.</u>	SENSITIVITY TO THE SERVICE NEEDS OF DIFFERENT CLIENT GROUPS AND AGENCY FLEXIBILITY IN INTAKE PROCEDURES ARE IMPORTANT.	More research is required to confirm and further explore the relationship of demographic factors to engagement in marriage counselling.  Research is needed on all client groups
Defection and attendance of only one interview found to be associated with:		
- lower income	Lower income groups may be less open initially to a conjoint approach or may find the counselling fee a deterrent. (p 104)	
- younger women.	Younger women may be more ambivalent about the relationship as they are more likely than any other group to be seriously considering divorce. (p 108)	
<u>Factors related to the problem.</u>	THERE SHOULD BE EXPLORATION AT INTAKE OF CLIENTS' COMMITMENT TO THE RELATIONSHIP, VIEW OF PROBLEM AND PRECIPITATING EVENTS.	
Of the total sample, 53.3% of prospective clients were seriously considering divorce or already separated on intake.	More than half the clients approaching the agency are highly ambivalent about the relationship. Beaver's (1982) recommendation that couple counselling is not appropriate when there is a high degree of ambivalence about the relationship should be considered here. (p 109)	An investigation of the effect of offering all clients an opportunity to work on their relationship in the initial intake contact versus 'starting where the client is' and first exploring the client's ambivalence, would be of great value.
Client's identification of the problem in terms of communication as opposed to vague or concrete problems found to be associated with engagement in marriage counselling beyond one interview.	Asking clients to identify their problem in the initial telephone contact could help the intake person to assess the 'readiness' of clients for engagement in marriage counselling, and plan intake and engagement efforts accordingly. (p 110)	Further investigation of the relationship between vagueness or evasiveness about the problem and client engagement could be useful. (Noonan, 1973.)
More Single Interview Cases acknowledged being 'upset' in the initial telephone contact.	Sensitivity to a high degree of anxiety could alert the intake person or counsellor to the greater risk of a particular client not engaging in ongoing counselling and dictate sensitive early contact. (p 112)	
More clients who defected were able to identify a crisis event which had motivated their initial contact with the agency.	A precipitating crisis motivating initial contact with the agency could be usefully explored in terms of the immediate needs of clients, and their resources and ability to resolve the crisis themselves. A 'crisis intervention' interview could be offered to meet the needs of clients in crisis. (pp 111 and 112)	
<u>Client expectations.</u>	CLIENT'S EXPECTATIONS AS TO THE FORM (CONJOINT/INDIVIDUAL) AND IMMEDIACY OF THE FIRST INTERVIEW SHOULD BE EXPLORED AT INTAKE. THE ADVANTAGE OF A CONJOINT APPROACH SHOULD BE EXPLAINED IN SOME CASES.	

SUMMARY OF RESEARCH FINDINGS	GUIDELINES FOR ENGAGING CLIENTS IN COUNSELLING IN A MARRIAGE COUNSELLING AGENCY	TOPICS FOR FUTURE RESEARCH
The expectation of an individual as opposed to a conjoint first interview found to be associated (at the $p < .0543$ level) with defection and attending only one interview.	Client's expectations of an individual first interview should be explored in relation to the client's problem. The client's expectations and the nature of the problem should dictate whether an individual or conjoint first interview should be offered. Some initial 'socialization' of individual clients into the rationale of a conjoint approach may be needed before the client can accept a conjoint approach, even when this is clearly the method of choice.	A study to assess the effects of different approaches to 'socializing' clients into conjoint marital counselling could be of great value. (Saubert, 1971.)
Initial booking of a conjoint first interview by clients, and joint motivation for initial contact found to be associated with initial engagement in marriage counselling.	The advantages of a conjoint approach to marital problems should not be overlooked. Clients who are hesitant could be asked whether their partner knows of their contact with the agency. The development of early trust between the couple could be explained, the prospective client could be invited to discuss coming together with partner before booking the appointment if clients are open to this. (p 114)	
Expecting an appointment on the day of initial contact with the agency, and dissatisfaction at having to wait for an appointment found to be associated with defection.	Client's expectations as to the immediacy of expected appointment should be explored. When an immediate appointment is expected this could be responded to either by provision of an immediate 'crisis intervention/intake interview' or by a telephonic intake interview on the same day, if it is not possible to provide an immediate appointment. Alternatively offering to refer clients to an immediately available resource may be indicated. (p 115)	

## ACTUARIAL FACTORS

	AGENCY POLICY, RESOURCES AND REFERRAL RESOURCES NEED TO BE DEVELOPED.	Relationship of referral source to engagement could be usefully explored (see commentary Table 3 page 9).
Time lapse of more than four days between initial telephone contact and the first interview associated with defection.	Develop agency resources to provide for crisis intervention. - Crisis intervention interviews. - Telephonic crisis intervention. - Referral resources for crisis intervention e.g. private practitioners or Life Line type agencies if appropriate. (p 116)	
Greater agreement with the counselling fee is associated with engagement in more than one interview in marriage counselling.	Prospective client's feelings about the fee asked should be carefully explored. An explanation of why the fee is asked may be needed. In other cases when clients cannot pay, a flexible approach should be adopted. It could also be appropriate to show an interested, competent initial response before telling clients about the counselling fee. (p 117)	



SUMMARY OF RESEARCH FINDINGS	GUIDELINES FOR ENGAGING CLIENTS IN COUNSELLING IN A MARRIAGE COUNSELLING AGENCY	TOPICS FOR FUTURE RESEARCH
<b>INTERACTIONAL FACTORS</b>		
Interactional factors were found to be the factors most significantly related to engagement in this study.	IT IS THE AGENCY STAFF AND COUNSELLOR'S RESPONSIBILITY TO ENGAGE CLIENTS IN COUNSELLING IN A MARRIAGE COUNSELLING AGENCY.	
<u>Initial telephone contact.</u>		
Interviewee's perception of the initial telephone contact being reassuring is significantly related to engagement in counselling. Content of the initial telephone contact specifically about agency fees was related to defection.	Positive initial telephone contact with clients is very important. It is also very important to tell clients about the counselling fee at an appropriate time. For example, it might be appropriate to tell prospective clients about the fee only in a telephonic intake interview which allows for more time for sensitive interaction, and to explain the fee, than in the initial telephone contact on a busy switchboard. (p 118)	
The first person with whom the prospective client has contact should be 'reassuring'.	THE IMPORTANCE OF THE INITIAL TELEPHONE CONTACT WITH CLIENTS SHOULD BE RECOGNIZED. RESOURCES IN THE FORM OF TIME TRAINING AND SUPPORT SHOULD BE AVAILABLE TO THE PERSON PERFORMING THIS TASK.	Specific factors in the initial telephone contact with clients as opposed to a global description of it being 'reassuring' need to be identified e.g. voice tone, empathy, interest.
A tendency ( $p < .07$ ) for preferring direct telephonic contact with the counsellor before the first interview was shown for Defectors. Stanton and Todd (1981) stress the importance of direct early contact with therapist for engaging.	Direct contact with clients by the counsellor could build trust commitment to the counselling process. (p 119)	Further investigation of the relationship between direct early contact with the counsellor and engagement would be useful.
<u>Interaction in the first interview.</u>		
Client's positive perception of the following counsellor characteristics were highly significant to engagement beyond attending only one interview.	POSITIVE INTERACTION BETWEEN CLIENT(S) AND COUNSELLOR IN THE FIRST INTERVIEW IS CRUCIAL TO INITIAL ENGAGEMENT BEYOND ONE INTERVIEW.	Specific measures of counsellor characteristics relevant to engagement in the first interview, using objective measures, such as audio-visual equipment, could be a useful area of research.
Counsellor interest.	Counsellor's initial interest can be shown in not keeping the client waiting, not cancelling or changing appointments unnecessarily, and in the counsellor's attentive interest, and sensitive exploration of the problem. (pp 120-121)	
Counsellor competence.	Counsellor competence in the specific skills of marriage counselling and knowledge of relevant problem areas, e.g. step-parenting, infidelity, could be crucial to client engagement. (p 121)	
Counsellor age.	The age group of clients should be identified at intake, and if there is a large age difference between the clients and counsellor to whom they are being allocated, the client's feelings about this could be explored. (p 121)	The effect of counsellor age on client's engagement in marriage counselling should be explored using a large randomly selected group of counsellors.
Counsellor empathy.	Empathy with both partners is very important to establish in the first interview.	
Non-judgemental attitude.	The importance of the early establishment of a non-judgemental attitude to both partners is self-evident in marriage counselling. (p 121)	

SUMMARY OF RESEARCH FINDINGS	GUIDELINES FOR ENGAGING CLIENTS IN COUNSELLING IN A MARRIAGE COUNSELLING AGENCY	TOPICS FOR FUTURE RESEARCH
<u>Content of the first interview.</u>		Aspects of the contents of the first interview should be identified by counsellors as well as clients and objective measures such as audio-visual equipment could be used.
Client's satisfaction with the first interview was crucial to engagement beyond attending more than one interview.	FIRST INTERVIEW SKILLS SHOULD BE AN IMPORTANT PART OF MARRIAGE COUNSELLOR'S TRAINING.	
Client and counsellor's initial agreement about the problem was highly significant to engagement in counselling beyond the first interview.	Counsellors should be skilled in problem recognition and in identifying the client's definition of the problem. Care should be taken not to redefine the problem too quickly initially. (p 123)	
Contracting to work on specific issues and to attend a certain number of sessions were found to be related to engagement beyond the first interview.	Contracting about what will be worked on and agreeing on a number of sessions are very important in the first interview. (p 123)	
The use of questionnaires and handouts explaining the rationale of counselling was found to be related to engagement beyond the first interview.	Questionnaires such as Stuart and Stuart's M.P.I. (1972), the later edition (Stuart's C.P.I., 1983) and Snyder's M.P.I. (1981) are useful tools for getting clients involved in marriage counselling. (p 124)  A handout on the rationale of counselling (Appendix 5) given to the clients in the first interview has also been found to be useful in engaging clients. (p 124)  Questionnaires and handouts, of course, should only be given to literate clients who are open to using them.	
Booking a second interview was found to be associated with engagement in counselling beyond the first interview.	It is important to actually book the next interview, and not leave it to the client to make the next contact. This point should be noted in particular with clients who come alone to the first interview. (p 125)	
<b>COUNSELLOR FACTORS</b>		
Although no differences were shown for having a social work degree or not having one, the only statistically significant finding in this section was in the number of years of social work training.	THE TRAINING AND EXPERIENCE NEEDED IN THE SPECIALIZED FIELD OF MARRIAGE COUNSELLING MAY BE IMPORTANT TO ENGAGING CLIENTS.	The sample group of counsellors in this study was very small and varied. These findings need confirmation using a larger, randomly selected group of marriage counsellors. Other counsellor characteristics could also be explored in relation to engagement in marriage counselling.
Four or more years of social work training including either the 4 year S.W. course, or additional years of social work training such as a supervision diploma, shown to be associated at the $p < .0552$ level with engagement beyond one interview.	This finding suggests that more training, or more recent training may be important. (p 125)	
One year or less than one year of marriage counselling experience was associated at the $p < .08$ level to attending only one interview.	This finding, although tentative, suggests that a minimum level of actual experience in marriage counselling is important for engaging clients. (p 126)	

### 6.3 GENERAL CONCLUSIONS

Many of the specific guidelines given in Table 63 could be incorporated into intake procedures to facilitate engaging clients in counselling in agencies where marriage counselling services are offered. The most important general conclusions reached in this study could also provide direction for the formulation of intake procedures.

Firstly, this study has demonstrated that the most crucial overall factor influencing client's initial engagement in counselling in a marriage counselling agency according to clients, is the interaction between agency staff and prospective clients in the initial telephone contact and in the first interview. This leaves no doubt as to agency responsibility for staff training and agency organization for optimal interaction in intake procedures and early contact with clients.

The fact that so many clients approaching a marriage counselling agency are highly ambivalent about the marital relationship is also a factor which needs to be taken into account when offering marriage counselling services. This aspect may be a crucial difference between engaging clients in family therapy as opposed to conjoint marriage counselling. Although engaging families in family therapy is a complex and difficult task, at least the overall objective of improving the well-being of one or all of the family members is generally clear. When the marriage itself is the presenting problem, the overall objectives are often far from clear. One or both spouses may be uncertain about whether to continue the marriage. One or both spouses may wish to improve the marriage or to end it. The commitment of two spouses to working on an ailing marriage with any of these objectives is often hard to illicit and a function of the marital breakdown itself. The implications

of this conclusion are far-reaching. The commitment of both spouses to working on the marriage needs to be a focal point of exploration early in the agency - client interaction. This is particularly important if the advantages of a conjoint approach are to be preserved whenever possible and the dangers of 'colluding' with clients to divorce (Whitaker and Miller, 1969) are to be avoided. In this regard a special responsibility falls on agencies offering marriage counselling services, especially in the initial engagement stage of counselling. Agencies should be clear about the theoretical basis of their services (see discussion page 21). Policies based on research findings should be formulated. For example, Wilcoxon and Gladding (1985) suggest that from a systems theory perspective one way of approaching the dilemma of initial engagement in marital therapy is to offer not more than 2 individual sessions before sending the non-attending spouse a letter explaining the advantages of a conjoint approach and the dangers of seeing only one spouse, (Wilcoxon and Fenell, 1983). This approach has been found to be effective in engaging the non-attending spouse or providing informed consent for individual counselling, and so dealing with the ethical dilemma of offering counselling when divorce is being considered.

The crisis nature of many of the problems presented at a marriage counselling agency has also been highlighted in this study. Many prospective clients are at a crisis point in their lives when they 'phone the agency and expect an immediate response to their dilemma. When this is not available, clients often defect. While counselling to resolve a crisis may not be necessary in every case (see Table 56 which shows that not all Defectors needed counselling to improve) the therapeutic potential of crisis intervention is well documented. The conclusion reached by this researcher is that immediate crisis intervention should ideally be offered by agencies

dealing with marital problems. This conclusion is also based on the observation in practice that many clients who have had positive interaction even if only in the initial telephone contact, return for counselling at a later stage.

Another important conclusion reached is that early exploration of client's expectations concerning not only the form treatment will take (conjoint or individual), but about when the interview will be and about the counselling fee, is an essential aspect of the initial engagement of clients. Early exploration of the problem too could facilitate appropriate engaging strategies.

The importance of the initial telephone contact and counsellor skill and interaction have also been shown to be crucial to initial engagement. Either the first interview could be usefully considered to be a crisis intervention intake interview in which intake decisions are most appropriately made or good early initial telephone contact is needed to engage clients.

On the other hand, a presentation of general conclusions prompted by the findings of this study cannot be complete without considering the limitations of the study. The methodological limitations were discussed earlier (page 54). Nevertheless it might be interesting to speculate about the validity of self-report data in a retrospective study of this nature. For example, interviewees (many of whom acknowledged being 'upset' when they first contacted the agency - see Table 19B: page 66) could have projected the blame for failure to engage on both the interaction with the agency or on the spouse's non-participation rather than take responsibility for their decision to to take the often difficult step of becoming a client.

The question of whether or not clients should be accepted as clients in the first place in a setting which does not have the resources to handle severely disturbed clients, was not addressed at all in this study. It would also be useful to consider the fact that 'initial engagement' says nothing at all about the therapeutic usefulness of engagement or failure to engage certain clients. It is quite conceivable that not engaging certain clients (e.g. clients who 'shop around' for services) is more therapeutic than engaging them in some instances.

In conclusion, many factors have been shown to influence the initial engagement of clients in a marriage counselling agency. These factors could usefully be considered in relation to agency intake procedures described in this study as the early 'routine interaction between an agency and a prospective client....' (page 4). The possible effects of the limitations of this study should dictate a critical approach to findings. Apart from the limitations of the study which prohibit presenting ideal models of intake procedures, other factors also determine the particular form intake procedures take in a particular setting. These factors include agency staff resources, time available on the switchboard, expertise of the person answering the telephone, the agency's theoretical orientation and many others. Nevertheless, it is suggested that incorporation of the guidelines outlined in an intake programme and the implementation of a programme evaluation must be the next step in refining reliable, scientific and useful intake procedures in marriage counselling agencies.

## CHAPTER 7

### EVALUATION OF THE STUDY AND CONCLUSION

#### 7.1 INTRODUCTION

In this final chapter, the study is evaluated in relation to the aims outlined in Chapter 1. As a full discussion of the methodological limitations and difficulties was presented in Chapter 3 (pages 51-55) in order to provide a basis for evaluating the results, important points are only briefly mentioned at this stage. The limitations in the scope of this study are discussed in relation to the general conclusions reached in Chapter 6 (page 140) and will not be further elaborated.

#### 7.2 EVALUATION OF THE STUDY

The first aim of this study was to identify factors which influence initial engagement in marriage counselling by comparing three groups - Defectors, Single Interview Cases and Continuers. This aim was achieved first by a perusal of literature in related fields in which four groups of factors likely to influence engagement in counselling were identified. The structured telephone interview based on this information, was then administered to the three randomly selected groups of interviewees and the results analysed. Many statistically significant results which were also substantively significant have been identified and a number of factors have been shown to influence the initial engagement of clients in counselling at a marriage counselling agency. The achievement of this aim is subject to the limitations of a retrospective study, self-report and archival data and the combination of these two types of data for 9 items (questions 12-20 in the struc-

tured telephone interview).

The second aim of the study was to provide some guidelines for initial engagement in marriage counselling based on the evidence provided by the statistically and substantively significant findings of this study, especially when congruent with the findings of other researchers. This task has been achieved and guidelines based on the findings of this study have been developed. These guidelines, however, are subject to the limitations of methods used as described above. An attempt was made to relate the guidelines to future research needed, by presenting them in tabular form along with topics identified for future research (Table 63: page 136) so as to highlight their incomplete nature. The guidelines identified also need to be implemented and assessed in practice, as there could be unintended consequences of changing procedures. A programme evaluation is therefore suggested and the guidelines put forward can only be tentatively accepted.

The intake procedures of other branches of FAMSA which do counselling have also been explored in this study, using a structured questionnaire and some open questions. The 100% response of all active FAMSA branches is positive. Two patterns of intake procedures have been identified and discussed in relation to the findings of this study.

The aim of contributing to scientific knowledge in the fields of social work and marriage counselling has been fulfilled within the methodological limitations already mentioned. An attempt has been made throughout this study (e.g. by discussing the difficulties and limitations of the study before presenting the results) to view the results in relation to limitations.



The role of the researcher as a researcher/practitioner could also have contributed to the value of this study from a substantive viewpoint, because of the awareness of practice issues.

Topics for further research are identified in the discussion of results (Chapter 5) and summarized in Table 63: page 136) so as to show what is still needed in relation to the findings and guidelines developed.

### 7.3 CONCLUSION

The main aims of this study have been fulfilled within the limitations identified. An additional covert aim of this study has also been achieved by the researcher personally. The exercise of grappling with and applying scientific research methods to a pressing and oppressive problem in practice, although difficult and frustrating at times, has been personally fulfilling. It is hoped that this study will make this 'Rumplestiltskin effect' available to others working in the field of marriage counselling. It is also hoped that the findings in this study will be of practical use to agencies both in enhancing counselling services and in stimulating further research.

# APPENDIX 1

'PINK SHEET' OR FACE SHEET

CONFIDENTIAL

FAMSA - Family and Marriage Society of .....

CASE RECORD FACE SHEET

Counsellor's Name:	Date 1st Interview
Case No.	Date Final Interview
Client's Surname:	Outcome Code No.
Wife's Maiden Name/Partner's Surname:	
<u>Husband</u>	<u>Wife</u>
Name:	Name:
Tel: (W)	Tel: (W)
(H)	(H)
Address:	Address:
	<u>Husband</u> <u>Wife</u>

1. Country of Birth
2. Nationality
3. Home Language - present
- parental
4. Religion
5. Education
6. Occupation
7. Income
8. Position in Family of Origin
9. Age at first interview
10. Duration of marriage
11. First Approach By
12. Referred By
13. Children's Names Present Marriage Previous marriage Previous marriage  
Age and Sex
- 
- 
- 
- 
14. Others in home

Page 2.

Husband

Wife

15. Parental Marriage
16. Serious illness - physical-psychological
17. Previous Marriage/Long Relationships
Duration and nature of termination
18. Family Structure

Choose one priority as seen by client  
at intake

PRESENTING PROBLEM:

COUNSELLORS ASSESSMENT OF PROBLEM  
ON TERMINATION

Infidelity:	.....	.....
Emotional Difficulties:	.....	.....
Sexual:	.....	.....
In-Laws:	.....	.....
Non-Support:	.....	.....
Financial Problems:	.....	.....
Alcohol/Substance Abuse:	.....	.....
Desertion:	.....	.....
Role/Conflict:	.....	.....
Communication:	.....	.....
Violence:	.....	.....
Legal Aid:	.....	.....
Pre-marital:	.....	.....
Family Problems:	.....	.....
Step Families:	.....	.....
Divorce:	.....	.....
Housing:	.....	.....
Ill-Health:	.....	.....
Incompatibility:	.....	.....
Religious/Cultural	.....	.....
Differences:	.....	.....
Teenage Problems:	.....	.....
Others-(Give description):	.....	.....

STATE OF MARRIAGE OR RELATIONSHIP: AT FIRST INTERVIEW: CHOOSE ONE

1. No conflict information only:	.....
2. Some conflict:	.....
3. Severe conflict but no separation contemplated	.....
4. Separation contemplated by one or both: State Husband, Wife or both.	.....
5. Living apart under 1 month:	.....
6. Living apart under 6 months:	.....
7. Living apart under 1 year:	.....
8. Living apart under 1 year:	.....
9. Other:	.....

RECORD OF INTERVIEWS:

DATE:	HUSBAND/WIFE:	JOINT:	FAMILY:
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

SUPERVISION: DATES:

.....	.....	.....
.....	.....	.....
.....	.....	.....

REASON FOR TERMINATION OF COUNSELLING:

	HUSBAND	WIFE
1. Client stated difficulty overcome and evidence to support this:	.....	.....
2. Client stated difficulty overcome but counsellor dubious:	.....	.....
3. Client stated relations improved or way out of problem seen:	.....	.....
4. Client stated no improvement:	.....	.....
5. Referral for psychological help:	.....	.....
6. Other referral. Specify:	.....	.....
7. Next appointment not kept:	.....	.....
8. Husband/wife refused to co-operate or cannot be found:	.....	.....
9. Practical reasons. Specify:	.....	.....
10. Client helped personally though problem not solved:	.....	.....

OUTCOME OF COUNSELLING. TERMINATION - ASSESSMENT BY COUNSELLOR:

CHOOSE ONE:

	CODE
1. Relationship improved: .....	A
2. Problem solved: .....	B
3. Client helped personally but problem not solved: .....	C
4. Amicable decision to part: .....	D
5. Inimical decision to part: .....	E
6. Acceptance of the status quo: .....	F
7. Deterioration of relationship: .....	G
8. Unknown: .....	H

## A P P E N D I X 2

### STRUCTURED TELEPHONE INTERVIEW SCHEDULE

TELEPHONE INTERVIEW SCHEDULE: FAMSA, WESTERN CAPE

INSTRUCTIONS

1. First complete Section A of schedule.
2. Complete Section B from client's folder for Groups B & C.  
(Only ask for any information that was not on the folder.)
3. Start telephone interview by ascertaining that you are speaking to the person whose name is recorded on the schedule.
4. Read 'Introduction' - and agree to 'phone back at a specified time if it is more convenient for the interviewee.
5. Start telephone interview at Section C.
6. Tick one number corresponding to correct response, except where otherwise stated as in question 19c.
7. Erase interviewee's name on page one of schedule on completion of interview.

INTRODUCTION TO TELEPHONE INTERVIEW

You don't know me, I am ( GIVE NAME ), a social worker from FAMSA, the marriage counselling agency in Groote Kerk Building, Adderley Street. We are doing a survey to try to improve our services, and your name was randomly picked from the clients who contacted us last year. It would help us a great deal if you would be willing to allow me to ask you some questions over the telephone which will help us to get a clearer idea of how our clients respond to our agency. Your responses will be entirely confidential, and only identified with a number.

The interview will not take longer than 10/12 minutes, (if client says that it is not convenient, offer to 'phone back at a specified time.)

Thank you for agreeing to do this, I really appreciate your help.

I will read each question to you, and all you need to do is tell me very briefly what your response is. Please be free to answer honestly.

SECTION A. GROUPS A, B & C. IDENTIFYING PARTICULARS.

To be completed from the client's folder or appointment diary.

1. Client's name: \_\_\_\_\_ (To be filled in in pencil and erased as soon as telephone interview is complete.)

2. Client's telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Col. no.

3. Client's random number: \_\_\_\_\_

--	--	--	--

1 - 4

4. Client's group

<u>1</u>	A Defectors
<u>2</u>	B Single Interview Cases
<u>3</u>	C Continuer

☐

5

5. Appointment booked for

<u>1</u>	Couple
<u>2</u>	Woman
<u>3</u>	Man

☐

6

SECTION B. GROUPS B & C ONLY:

Complete from client's folder and Register of Statistics.

6. MARRIAGE COUNSELLOR CODE

<u>1</u>	A
<u>2</u>	B
<u>3</u>	C
<u>4</u>	D
<u>5</u>	E
<u>6</u>	F
<u>7</u>	G
<u>8</u>	H
<u>9</u>	I

☐

7

7. COUNSELLOR'S VIEW OF PRESENTING PROBLEM  
(as recorded in the register)

<u>01</u>	Communication
<u>02</u>	Emotional problems
<u>03</u>	Premarital counselling
<u>04</u>	Divorce counselling
<u>05</u>	Housing
<u>06</u>	Legal aid
<u>07</u>	In-laws
<u>08</u>	Financial problems
<u>09</u>	Non-support
<u>10</u>	Step-family problems
<u>11</u>	Sexual problems
<u>12</u>	Adolescent problems
<u>13</u>	Incompatability
<u>14</u>	Role conflict
<u>15</u>	Alcohol/drug abuse
<u>16</u>	Other. Specify.....
<u>17</u>	Infidelity

--	--

8,9

8. REASON IDENTIFIED BY THE COUNSELLOR FOR CLIENTS FAILURE TO  
RETURN FOR SECOND INTERVIEW

<u>1</u>	Client stated difficulty overcome, evidence to support this.
<u>2</u>	Client stated difficulty overcome, but counsellor dubious.
<u>3</u>	Client stated that relationship improved, or way out of problem seen.
<u>4</u>	Client stated no improvement.
<u>5</u>	Other referral, specify .....
<u>6</u>	Next appointment not kept.
<u>7</u>	Husband/wife refused to co-operate/ cannot be found.
<u>8</u>	Practical reasons, specify .....
<u>9</u>	Client helped personally, but problem not solved.

☐

10



## 9. OUTCOME ASSESSMENT: BY COUNSELLOR ON TERMINATION

- |   |   |
|---|---|
| 1 | A Relationship improved.                            |
| 2 | B Problem solved.                                   |
| 3 | C Client helped personally, but problem not solved. |
| 4 | D Amicable decision to part.                        |
| 5 | E Inimical decision to part.                        |
| 6 | F Acceptance of status quo.                         |
| 7 | G Deterioration of relationship.                    |
| 8 | H Unknown.  |

☐  
11

## 10. LENGTH OF TIME OF FIRST INTERVIEW

- |   |                      |
|---|----------------------|
| 1 | 0 - 1 hour.          |
| 2 | 1.05 - 2 hours.      |
| 3 | 2.05 - 3 hours.      |
| 4 | Longer than 3 hours. |
| 5 | Unknown.             |

☐  
12

## 11. USE OF QUESTIONNAIRES

- |   |   |
|---|---|
| 1 | Snyders Marital Satisfaction Inventory. |
| 2 | Other simpler questionnaires.           |
| 3 | No questionnaires used.                 |

☐  
13

## SECTION C. GROUPS A, B &amp; C.

Complete from folder for Groups B & C, asking only for missing information in the telephone interview. Use as telephone interview for Group A.

## 12. MARITAL STATUS

- |   |   |                             |
|---|---|-----------------------------|
| a. What was your marital status when you contacted FAMSA last year? | 1 | Never married.              |
|   | 2 | Unmarried, living together. |
|   | 3 | Married.                    |
|   | 4 | Divorced.                   |
|   | 5 | Widowed.                    |
| b. Had either of you ever been married before?                      | 1 | Yes.                        |
|   | 2 | No.                         |

☐  
14

## 13. HOME LANGUAGE

- |                             |   |                     |
|-----------------------------|---|---------------------|
| What is your home language? | 1 | Afrikaans.          |
|                             | 2 | English.            |
|                             | 3 | Both.               |
|                             | 4 | Other, specify..... |

☐  
16

## 14. EDUCATIONAL LEVEL: Tick highest.

- |  |   |   |             |   |              |
|--|---|---|-------------|---|--------------|
| a. What is your highest educational level?           | H | 1 | Standard 6  | 1 | W            |
|  |   | 2 | Standard 8  | 2 |              |
|  |   | 3 | Standard 10 | 3 |              |
| b. What is your partner's highest educational level? |   | 4 | Technikon   | 4 |              |
|  |   | 5 | University  | 5 |              |
|  |   | 6 | College     | 6 |              |
|  |   |   |             | 7 | Specify..... |

☐  
17, 18

## 15. OCCUPATION

## a. Husband's occupation

- |  |   |                                      |
|--|---|--------------------------------------|
| What was your/your husband's occupation last year when you phoned FAMSA? | 1 | Professional, businessman, manager.  |
|  | 2 | Clerical, administrative, technical. |
|  | 3 | Pensioner.                           |
|  | 4 | Unemployed.                          |
|  | 5 | Other. Specify.....                  |

☐  
19

b. Wife's occupationWere you/your wife working  
outside the house?1  
2Yes.  
No.☐

20

(Ask c only if wife was  
working.)c. What kind of work were you/  
was she doing?1  
2  
3  
4  
5Professional.  
Clerical, administrative, technical.  
Home industry.  
Sales.  
Other, specify .....☐

21

## 16. INCOME

What was your joint monthly  
income?1  
2  
3  
4  
5  
6  
7R 0 - R1000  
R1001 - R2000  
R2001 - R3000  
R3001 - R4000  
R4001 - R5000  
R5001 +  
Unknown.☐

22

## 17. AGE

a. What was your age last  
year?

H

01  
02  
03  
04  
05  
06  
07  
08  
09  
1020 & under 01 W  
21 - 25 02  
26 - 30 03  
31 - 35 04  
36 - 40 05  
41 - 45 06  
46 - 50 07  
51 - 55 08  
56 - 60 09  
60 + 10☐

23 - 26

b. What was your husband/  
wife's age last year?

## 18. DURATION OF MARRIAGE IN YEARS

How long had you been married  
when you contacted FAMSA last  
year?1  
2  
3  
4  
5  
6  
7  
80 - 1  
2 - 5  
6 - 10  
11 - 15  
16 - 20  
21 - 25  
26 - 30  
30 +☐

27

## 19. CHILDREN

a. Do you have any children?

1  
2Yes.  
No.☐

28

b. (If yes) How many children  
do you have?1  
2  
3  
4  
5  
6One.  
Two.  
Three.  
Four.  
Five.  
More than five, specify ....☐

29

c. What were their ages when  
you phoned FAMSA?1  
2  
3  
4  
5  
6  
7  
8  
90 - 1 year (new baby). Stage I.  
2 - 5 years (pre-school). Stage II.  
6 - 10 years (pre-puberty, school).  
Stage III.  
11 - 15 years (early adolescence).  
Stage IV.  
16 - 20 years (late adolescence, still  
at home). Stage V.  
16 - 20 years (late adolescence, left  
home). Stage VI.  
21 + living at home.  
21 + left home.  
Pregnant.☐

30 - 37

- d. Are these children all from the present marriage or are some from a previous marriage of either you or your partner?
- |          |                    |
|----------|--------------------|
| 1        | Present marriage.  |
| <u>2</u> | Previous marriage. |
| 3        | Both.              |

☐  
38

## 20. STATE OF MARRIAGE AT INITIAL CONTACT

- How would you describe your marriage when you contacted FAMSA? e.g. Was there some conflict, were you considering divorce, or separated?
- |          |   |
|----------|---|
| 1        | No conflict, only wanted information.         |
| <u>2</u> | Some conflict.                                |
| 3        | Severe conflict, but not considering divorce. |
| 4        | Severe conflict, considering divorce.         |
| 5        | Living apart 0 - 2 months.                    |
| <u>6</u> | Living apart 3 - 6 months.                    |
| 7        | Living apart 7 months +                       |

☐  
39

## SECTION D. TELEPHONE INTERVIEW FOR ALL THREE GROUPS.

## 21. REFERRAL SOURCE AND INITIATIVE FOR CONTACT

- a. Who or what gave you the idea of contacting FAMSA?
- |          |   |
|----------|---|
| 1        | A Media (magazine, newspaper, radio, T.V.)  |
| <u>2</u> | B Network (friends, family, ex FAMSA clients.                                     |
| 3        | C Formal referral (doctor, social worker, another agency, lawyer, sex therapist). |
| 4        | A & B   |
| <u>5</u> | A & C   |
| 6        | B & C   |
| 7        | A, B & C  |
- b. Who was the most keen that you should contact FAMSA?
- |          |               |
|----------|---------------|
| 1        | Wife.         |
| <u>2</u> | Husband.      |
| 3        | Both.         |
| 4        | Someone else. |

☐  
40

☐  
41

## 22. CONJOINT VERSUS INDIVIDUAL FIRST INTERVIEW

- a. When you phoned FAMSA did you intend coming alone or as a couple?
- |          |              |
|----------|--------------|
| 1        | Alone.       |
| <u>2</u> | As a couple. |
- (Ask b and c only if interviewee intended coming alone.)
- b. Were you asked to come as a couple?
- |          |      |
|----------|------|
| 1        | Yes. |
| <u>2</u> | No.  |
- c. Had you told your partner that you intended making an appointment at FAMSA before you booked your appointment?
- |          |      |
|----------|------|
| 1        | Yes. |
| <u>2</u> | No.  |
- d. Do you agree or disagree with the statement 'couples should come together for the first marriage counselling appointment'? (Probe for strongly agree/strongly disagree.)
- |          |                    |
|----------|--------------------|
| 1        | Strongly agree.    |
| <u>2</u> | Agree.             |
| 3        | Unsure.            |
| 4        | Disagree.          |
| <u>5</u> | Strongly disagree. |

☐  
42

☐  
43

☐  
44

☐  
45

## 23. PRESENTING PROBLEM

- a. What did you think was the main problem for which you contacted FAMSA?
- |           |                         |
|-----------|-------------------------|
| 01        | Communication.          |
| <u>02</u> | Emotional problems.     |
| 03        | Premarital counselling. |
| <u>04</u> | Divorce counselling.    |
| 05        | Housing.                |
| <u>06</u> | Legal aid.              |
| 07        | In-laws.                |
| <u>08</u> | Financial problems.     |
| 09        | Non-support.            |
| <u>10</u> | Step-family problems.   |
| 11        | Sexual problems.        |
| <u>12</u> | Adolescent problems.    |
| 13        | Incompatibility.        |
| 14        | Role conflict.          |
| <u>15</u> | Alcohol/drug abuse.     |
| 16        | Other. Specify.....     |
| <u>17</u> | Infidelity              |

☐  
46, 47

b. Was it hard to pinpoint the problem?	1 2	Yes. No.	<input type="checkbox"/> 48
c. How long had the problem for which you contacted FAMSA been worrying you?	1 2 3 4 5 6	0 - 1 month 2 - 6 months 7 - 12 months 13 - 18 months 19 - 24 months 24 + months	<input type="checkbox"/> 49
d. Often there is something that is the 'last straw' that makes one decide to seek help. Can you remember such an event?	1 2	Yes. No.	<input type="checkbox"/> 50
e. (If yes to d, ask e.) What was the event? Specify.....	1 2 3 4 5	Crisis in BASIC TASKS. Crisis in FAMILY DEVELOPMENTAL TASKS. CRISIS IN PERSONAL DEVELOPMENTAL TASKS. HAZARDOUS event crisis e.g. death, divorce. Declined to discuss.	<input type="checkbox"/> 51
f. Would you strongly agree, agree, feel unsure, disagree or strongly disagree with the statement 'I was upset when I phoned FAMSA'	1 2 3 4 5	Strongly agree. Agree. Unsure. Disagree. Strongly disagree.	<input type="checkbox"/> 52
g. Had you ever had professional help for marriage problems before, either alone or as a couple?	1 2	Yes. No.	<input type="checkbox"/> 53
h. If yes, with whom?	1 2 3 4 5 6 7 8	Medical doctor. Sex therapist. Psychologist. Psychiatrist. Minister. Social worker. Two or more of the above. Other, specify .....	<input type="checkbox"/> 54
24. NEED FOR IMMEDIATE APPOINTMENT			
a. When you phoned FAMSA, how soon did you expect an appointment?	1 2 3 4 5 6 7	Same day. 2 - 4 days. 5 - 7 days 8 - 14 days. 15 days to one month. Longer than one month. Can't remember.	<input type="checkbox"/> 55
b. Did you request an appointment with a particular counsellor when you phoned FAMSA?	1 2	Yes. No.	<input type="checkbox"/> 56
c. How long did you have to wait for your appointment?	1 2 3 4 5 6 7	Saw counsellor same day. 2 - 4 days. 5 - 7 days. 8 - 14 days. 15 days to one month. Longer than a month. Can't remember.	<input type="checkbox"/> 57
d. How satisfied were you with the length of time you had to wait for your appointment?	1 2 3 4 5	Very satisfied. Satisfied. Unsure. Dissatisfied. Very dissatisfied.	<input type="checkbox"/> 58

## 25. REACTION TO FIRST TELEPHONE CONTACT WITH FAMSA

- a. Would you agree or disagree with the statement 'the first telephone contact with FAMSA was reassuring'?  
 1 Strongly agree.  
 2 Agree.  
 3 Unsure.  
 4 Disagree.  
 5 Strongly disagree.
- b. Did you strongly agree, agree, feel indifferent, disagree or strongly disagree with the fee that you would be required to pay?  
 1 Strongly agree.  
 2 Agree.  
 3 Indifferent.  
 4 Disagree.  
 5 Strongly disagree.
- c. How did you find FAMSA's hours of service?  
 1 Very satisfactory.  
 2 Satisfactory.  
 3 Indifferent.  
 4 Unsatisfactory.  
 5 Very unsatisfactory.
- d. When you heard FAMSA's address, did you wonder whether FAMSA was affiliated to a church?  
 1 Yes.  
 2 No.  
 3 Can't remember.
- e. (If answer to d was YES ask e.)  
 What did you feel about that?  
 1 Very positive.  
 2 Positive.  
 3 Indifferent.  
 4 Negative.  
 5 Very negative.

59

60

61

62

63

## 26. CONTACT WITH COUNSELLOR PRIOR TO THE APPOINTMENT

- a. Did you speak to the counsellor with whom your appointment was booked before your appointment?  
 1 Yes.  
 2 No.
- b. (If NO to a, ask b.)  
 Would you have preferred to speak to your counsellor before your appointment?  
 1 Yes.  
 2 Unsure.  
 3 No.

64

65

## 27. EXPECTATIONS

- a. Did you have any idea what to expect when you contacted FAMSA?  
 1 Yes.  
 2 No.
- b. Would you have liked to have been given a fuller explanation of the services FAMSA offers when you telephoned?  
 1 Yes.  
 2 Unsure.  
 3 No.

66

67

SECTION E. TO BE COMPLETED BY GROUP A ONLY: TELEPHONE INTERVIEW

## 28. REASON FOR NOT KEEPING THE APPOINTMENT

- a. What was the main reason for your not keeping your appointment at FAMSA?  
 01 Having to wait for an appointment.  
 02 FAMSA's hours of service.  
 03 Difficulty with transport.  
 04 Thought FAMSA was affiliated to the church.  
 05 Problem got worse.  
 06 Problem got better.  
 07 Cost of services.  
 08 Forgot the appointment.  
 09 Felt apprehensive.  
 10 Being asked to bring spouse.  
 11 Other, specify .....  
 12 Husband refused to come.

68, 69

29. After deciding not to keep the first appointment, did you seek help at FAMSA or elsewhere?  
 1 Yes, elsewhere.  
 2 No.  
 3 Yes, FAMSA

70

GROUP A INTERVIEW ENDS HERE.

THANK YOU VERY MUCH FOR ANSWERING ALL THESE QUESTIONS. YOUR HELP IS GREATLY APPRECIATED, AND YOUR EFFORT WILL MOST CERTAINLY BE OF HELP TO FUTURE FAMSA CLIENTS.

## SECTION F. GROUPS B &amp; C ONLY. Continue after Question 21, Section C - telephone interview.

## 30. REACTION TO COUNSELLOR

a. Would you agree or disagree that your counsellor could be described as warm? 1 Strongly agree.  
2 Agree.  
3 Unsure.  
4 Disagree.  
5 Strongly disagree.

☐  
71

b. Would you agree or disagree that your counsellor could be described as interested? 1 Strongly agree.  
2 Agree.  
3 Unsure.  
4 Disagree.  
5 Strongly disagree.

☐  
72

(Ask c only if interview was with couple.)

c. Would you agree or disagree that your counsellor was equally fair to both of you? 1 Strongly agree.  
2 Agree.  
3 Unsure.  
4 Disagree.  
5 Strongly disagree.

☐  
73

d. Would you agree or disagree that your counsellor was competent? 1 Strongly agree.  
2 Agree.  
3 Unsure.  
4 Disagree.  
5 Strongly disagree.

☐  
74

e. How comfortable were you with the age of your counsellor? 1 Very comfortable.  
2 Comfortable.  
3 Indifferent.  
4 Uncomfortable.  
5 Very uncomfortable.

☐  
75

f. Would you agree or disagree with the statement 'my counsellor was easy to talk to'? 1 Strongly agree.  
2 Agree.  
3 Unsure.  
4 Disagree.  
5 Strongly disagree.

☐  
76

g. How satisfied were you that you were able to really express what was bothering you? 1 Very satisfied.  
2 Satisfied.  
3 Unsure.  
4 Dissatisfied.  
5 Very dissatisfied.

☐  
77

h. How satisfied were you that your counsellor really understood your problems? 1 Very satisfied.  
2 Satisfied.  
3 Unsure.  
4 Dissatisfied.  
5 Very dissatisfied.

☐  
78

## 31. EXPECTATIONS OF COUNSELLING

a. Did you expect that your counsellor would give you advice? 1 Yes.  
2 Unsure.  
3 No.

☐  
79

b. Did you expect that your counsellor would challenge you more? 1 Yes.  
2 Unsure.  
3 No.

☐  
80

Client's random number

--	--	--	--	--

Client's group 1 Defector.  
2 Single Interview Case.  
3 Continuer.

☐  
5

c. Did you expect to have more than one interview? 1 Yes.  
2 Unsure.  
3 No.

☐  
6

## 32. INTERVIEW CONTENT

- a. Did you and your counsellor agree on what the problem areas were? 1 Yes.  
2 Unsure.  
3 No.
- b. Did you and your counsellor agree to work on specific issues? 1 Yes.  
2 Unsure.  
3 No.
- c. Was it agreed that you should attend a certain number of sessions? 1 Yes.  
2 Unsure.  
3 No.
- (Ask d only if client came alone.)
- d. Did your counsellor ask you to invite your partner to the next interview? 1 Yes.  
2 No.
- e. Did your counsellor give you any forms to read or complete at home? 1 Yes.  
2 No.
- f. Was a second interview booked? 1 Yes.  
2 No.
- g. How satisfied did you feel with your first interview? 1 Very satisfied.  
2 Satisfied.  
3 Unsure.  
4 Dissatisfied.  
5 Very dissatisfied.

☐ 7☐ 8☐ 9☐ 10☐ 11☐ 12☐ 13

## SECTION G. TO BE COMPLETED BY GROUP B, EARLY TERMINATORS ONLY

## 33. REASON FOR NOT RETURNING TO FAMSA

- a. What was your main reason for not returning to FAMSA? 01 FAMSA's hours of operation.  
02 Transport difficulties.  
03 Partner would not attend.  
04 Cost of service.  
05 Unable to make a commitment to work on relationship at this stage.  
06 Problem got better without help.  
07 Problem got worse.  
08 One interview helped.  
09 Did not like general atmosphere at FAMSA.  
10 Felt hopeless.  
11 Other, specify .....  
12 Being asked to bring partner.

☐ 14,15

34. On whose initiative did you decide not to return to FAMSA? 1 Husband.  
2 Wife.  
3 Joint decision of husband and wife.  
4 Decision of couple/client and counsellor.

☐ 16

35. Did you seek help elsewhere after your appointment at FAMSA? 1 Yes.  
2 No.

☐ 17

36. Would you recommend FAMSA to a friend with marital problems? 1 Yes.  
2 No.

☐ 18

THANK YOU VERY MUCH FOR ANSWERING ALL THESE QUESTIONS. YOUR HELP IS GREATLY APPRECIATED, AND YOUR EFFORT WILL MOST CERTAINLY BE OF ASSISTANCE TO FUTURE FAMSA CLIENTS.

A P P E N D I X 3

INTAKE PROCEDURE QUESTIONNAIRE

SENT TO 12 FAMSA BRANCHES



FAMILIE- &amp; HUWELIKSVERENIGING VAN S.A.



FAMILY &amp; MARRIAGE SOCIETY OF S.A.

WES-KAAPLANDSE VERENIGING / WESTERN CAPE SOCIETY  
Fondsinsamelings Nr. 08 80007 10006 / Fundraising No. 08 80007 10006

Our Ref / Ons Verw:

Your Ref / U Verw:

GROOTE KERKGEBOU 814  
814 GROOTE KERK BUILDING  
KAAPSTAD / CAPE TOWN  
8001  
TEL: (021) 46 7360

*Lid van die Gemeenskapskas van Wes-Kaapland  
Member of the Community Chest of the Western Cape*

The Director  
FAMSA

Dear

I am undertaking a study of INTAKE PROCEDURES IN MARRIAGE COUNSELLING at FAMSA, Western Cape, as part of the requirements for a Master's degree in Clinical Social Work. I have chosen this topic because of the dearth of literature on intake procedures, and because of its practical relevance at present.

It would therefore be greatly appreciated if you could, at your earliest convenience, complete and return the attached questionnaire, including the statistical information.

I will let you have a summary of the findings and recommendations of this study, which I hope will prove useful to your agency, as soon as possible.

Thank you most warmly for your help.

Yours sincerely

ANDREA HILL (S.W.)

INTAKE PROCEDURE QUESTIONNAIRE: TO BE COMPLETED BY THE AGENCY DIRECTOR.

PLEASE INDICATE YOUR RESPONSE TO EACH QUESTION BY TICKING THE APPROPRIATE SQUARE(S)

1. Who usually answers the telephone when the client first contacts the agency?
 

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

 RECEPTIONIST WHO IS NOT A SOCIAL WORKER  
 SOCIAL WORKER  
 ANSWERING MACHINE  
 OTHER, PLEASE SPECIFY.....
  
2. What client particulars are routinely recorded in the first telephone contact?
 

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

 PHONE NUMBER  
 ADDRESS  
 HOME LANGUAGE  
 RACE  
 DURATION OF MARRIAGE  
 INCOME  
 PRESENTING PROBLEM  
 OTHER, PLEASE SPECIFY.....
  
3. What information about the services you offer is the client usually given in the first telephone contact?
 

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

 NONE  
 INDICATION OF DIFFERENT SERVICES  
 EXPLANATION OF DIFFERENT SERVICES  
 OTHER, PLEASE SPECIFY.....
  
4. Is it routinely suggested in the first telephone contact that clients should come to the agency as a couple?
 

<input type="checkbox"/>
<input type="checkbox"/>

 YES  
 NO
  
5. Is the counselling fee explained to the client in the first telephone contact?
 

<input type="checkbox"/>
<input type="checkbox"/>

 YES  
 NO
  
6. What factors most strongly influence the decision to allocate a particular client to a particular counsellor?
 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

 EARLIEST AVAILABLE APPOINTMENT  
 MATCHING CLIENT/COUNSELLOR PARTICULARS  
 EXPERTISE OF COUNSELLOR WITH A PARTICULAR PROBLEM  
 A, B & C  
 A & B  
 B & C  
 A & C  
 OTHER, PLEASE SPECIFY .....
  
7. If clients and counsellors are matched, what particulars are usually matched?
 

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

 HOME LANGUAGE  
 AGE  
 RACE  
 RELIGION  
 DURATION OF MARRIAGE  
 OTHER, PLEASE SPECIFY.....

8. What would you estimate the usual time lapse to be between the first telephone contact and the next contact with the client?
- ☐ 1 - 7 DAYS  
☐ 7 - 14 DAYS  
☐ 14 - 21 DAYS  
☐ 21 - 28 DAYS  
☐ OVER 28 DAYS
9. With whom of the following does the client have the second contact?
- ☐ INTAKE OFFICER, ON THE PHONE  
☐ INTAKE OFFICER, FACE TO FACE  
☐ ONGOING COUNSELLOR, ON THE PHONE  
☐ ONGOING COUNSELLOR, FACE TO FACE  
☐ OTHER, PLEASE SPECIFY.....
10. If the policy of your agency is to have an intake interview, how long is it generally?
- ☐ 1 - 15 MINUTES  
☐ 16 - 30 MINUTES  
☐ 31 - 45 MINUTES  
☐ 45 - 60 MINUTES  
☐ OVER AN HOUR
11. If it is your agency policy to have an intake interview, how structured is it?
- ☐ STRUCTURED INTERVIEW  
☐ GENERAL INTERVIEW OUTLINE FOLLOWED  
☐ UNSTRUCTURED  
☐ OTHER, PLEASE SPECIFY.....
12. What information is gathered in the intake interview?
- ☐ 'PINK SHEET' INFORMATION  
☐ PRESENTING PROBLEM  
☐ BACKGROUND TO PROBLEM  
☐ PRECIPITATING FACTORS  
☐ CLIENTS EXPECTATIONS  
☐ OTHER, PLEASE SPECIFY.....
13. Is/are the client(s) usually allocated to a particular counsellor before the intake interview?
- ☐ YES  
☐ NO
14. If there is a routine intake interview, what information is given to the client(s)?
- ☐ DESCRIPTION OF COUNSELLING PROCESS  
☐ RATIONALE UNDERLYING METHOD  
☐ DESCRIPTION OF CLIENTS ROLE  
☐ ANTICIPATED FREQUENCY OF INTERVIEWS  
☐ ANTICIPATED DURATION OF COUNSELLING  
☐ OTHER, PLEASE SPECIFY.....
15. Have any changes been made in the intake procedures at your agency?
- ☐ THIS YEAR, 1986  
☐ 1 July - 31 December 1985  
☐ June 1982 - June 1985
16. If changes have been made in the intake procedures in your agency, were these due to
- ☐ RESEARCH FINDINGS, PLEASE NAME.....  
☐ AGENCY AWARENESS OF DIFFICULTIES  
☐ STAFF CHANGES  
☐ OTHER REASONS, PLEASE SPECIFY.....

17. If changes have been made in the intake procedures in your agency during the past four years, please outline these in your own words, and give reasons for your decisions to change procedures.

.....

.....

.....

.....

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.....

.....

18. Please identify the main theoretical model on which the counselling approach at your agency is based.

\* Behavioural model includes the social learning, task and action-orientated approach

<input type="checkbox"/>	* BEHAVIOURAL
<input type="checkbox"/>	PSYCHODYNAMIC
<input type="checkbox"/>	SYSTEMS/STRUCTURAL/STRATEGIC
<input type="checkbox"/>	ECLECTIC
<input type="checkbox"/>	OTHER - PLEASE SPECIFY .....

19. Please describe any other aspects of your CURRENT intake procedures which are not reflected in this questionnaire. Please also enclose copies of intake interview forms or other relevant material if available.

.....

.....

.....

.....

20. PLEASE SUPPLY THE FOLLOWING STATISTICS FOR THE PERIOD 1 JULY - 31 DECEMBER, 1985.

MONTH	NO. OF CLIENTS WHO DEFECTED*	TOTAL NO. OF CASES	NO. OF CASES WHO PRESENTED AS A COUPLE	NO. OF CASES WHO PRESENTED AS A FAMILY	NO. OF CASES WHO PRESENTED AS INDIVIDUALS	TOTAL NO. OF CASES WHO ATTENDED ONLY ONE INTERVIEW
JULY						
AUG.						
SEPT.						
OCT.						
NOV.						
DEC.						

\* Clients who defected refers to those clients who booked appointments and either cancelled or did not come, and who did not rebook the appointment within two weeks.

THANK YOU FOR THE TIME AND EFFORT YOU HAVE SPENT COMPLETING THIS QUESTIONNAIRE. A SUMMARY OF THE FINDINGS AND RECOMMENDATIONS OF THIS STUDY WILL BE SENT TO YOU AS SOON AS POSSIBLE.

IF YOU HAVE ANY QUERIES, PLEASE CONTACT ANDREA HILL AT FAMSA, WESTERN CAPE, OR PHONE CAPE TOWN 69.5174 (HOME PHONE NUMBER).

## APPENDIX 4

TABLES NOT INCLUDED IN THE TEXT

Table 5: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS BY: MARITAL STATUS, WHETHER OR NOT INTERVIEWEES HAD BEEN PREVIOUSLY MARRIED.

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
MARITAL STATUS OF INTERVIEWEE				
Unmarried	2.6	8.6	2.8	4.6
Unmarried living together	7.9	0	2.8	3.7
Married	84.2	85.7	91.7	87.2
Divorced	5.3	5.7	2.8	4.6
TOTAL	100.0	100.0	100.1	100.1
MISSING CASES	(0)	(1) (a)	(0)	(1) N=109
Chi-square = 5.52; df = 6; SIGNIFICANCE = .4793				
PREVIOUSLY MARRIED				
Yes	45.9	32.4	25.0	
No	54.1	67.6	75.0	
TOTAL	100.0	100.0	100.0	(N=107)
MISSING CASES	(1) (b)	(2) (a)	(0)	(3)
Chi-square = 3.65; df = 2; SIGNIFICANCE = .1614				
(a) Missing 'pink sheet' information.				
(b) Question not asked.				

Table 5 shows the percentage distribution for sample groups for marital status and whether or not the interviewee had been previously married. There is no significant relationship amongst sample groups for either of these items.

Table 6: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: DURATION OF MARRIAGE.

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
0- 1	16.2	12.5	8.8	12.6
2- 5	21.6	25.0	29.4	25.2
6-10	18.9	25.0	23.5	22.3
11-15	16.2	12.5	17.6	15.5
16-20	10.8	18.8	11.8	13.6
21-25	13.5	3.1	2.9	6.8
26-30	2.7	0	5.9	2.9
30+	0	3.1	0	1.0
TOTAL	99.9	100.0	99.9	100.1 (N=103)
MISSING CASES	(1) (a)	(4) (b)	(2) (b)	(6)
Chi-square = 10.75; df = 14; SIGNIFICANCE = .7055				
(a) Unmarried woman in uncommitted relationship not asked.				
(b) Missing 'pink sheet' information.				

Table 6 shows the percentage distribution of sample groups for duration of marriage. There is no significant relationship amongst the three sample groups for this item.

Table 8: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: EDUCATIONAL LEVELS OF MALE PARTNERS; EDUCATIONAL LEVELS OF FEMALE PARTNERS.

	G R O U P			
	Defectors (N=38)	Single interview cases (N=36)	Continuers (N=36)	Sample Total (N=110)
EDUCATIONAL LEVEL: MALE PARTNERS				
Standard 6	8.1	8.0	0	5.6
Standard 8	24.3	16.0	7.1	16.7
Standard 10	27.0	28.0	32.1	28.9
College or Technikon	24.3	16.0	10.7	17.8
University	16.2	32.0	50.0	31.1
TOTAL	100.0	100.0	99.9	100.1 (N=90)
MISSING CASES	(1) (b)	(11) (a)	(8) (a)	(20) (a)
Chi-square = 12.82; df = 8; SIGNIFICANCE = .1181				
EDUCATIONAL LEVEL: FEMALE PARTNERS				
Standard 6	2.6	7.4	0	3.2
Standard 8	21.1	11.1	6.9	13.8
Standard 10	36.8	40.7	48.3	41.5
Technikon	7.9	3.7	6.9	6.4
College	13.2	7.4	5.9	9.6
University	18.4	29.5	31.0	25.5
TOTAL	100.0	99.9	100.0	100.0 (N=94)
MISSING CASES	(0)	(9) (a)	(7) (a)	(16) (a)
Chi-square = 8.16; df = 10; SIGNIFICANCE = .6131				
(a) Missing 'pink sheet' information.				
(b) One response not recorded.				



Table 8 shows the percentage distribution of educational levels of male partners and the educational level of female partners for the three sample groups. There are no significant relationships amongst the three groups in the educational level of men or women. In a large number of cases, there was missing 'pink sheet' information. (See Chapter 3, section 3.11.)

Table 9: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: HOME LANGUAGE OF INTERVIEWEE

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
HOME LANGUAGE				
Afrikaans	34.2	27.8	30.6	30.9
English	60.5	55.6	61.1	59.1
Both above languages	5.3	11.1	2.8	6.4
Other languages (a)	0	5.6	5.6	3.6
TOTAL	100.0	100.1	100.1	100.0
Chi-square = 4.55; df = 6; SIGNIFICANCE = .6027				
(a) 'Other languages' were all German.				

Table 9 shows the percentage distribution of the 3 groups for home language of the interviewee. There were no significant relationships amongst the three groups for home language.

Table 10: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: MALE PARTNER'S OCCUPATION; FEMALE PARTNER'S OCCUPATION

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
<b>MALE PARTNER'S OCCUPATION</b>				
Professional, businessman, manager	37.8	40.6	54.3	44.2
Clerical, administrative, technical	59.5	56.3	40.0	51.9
Pensioner	0	0	2.9	1.0
Unemployed	0	3.1	0	1.0
Others (a)	2.7	0	2.9	1.9
TOTAL	100.0	100.0	100.1	100.0
MISSING CASES	(1) (b)	(4) (c)	(1) (c)	(6)
Chi-square = 7.82; df = 8; SIGNIFICANCE = .4506				
<b>FEMALE PARTNER'S OCCUPATION</b>				
Professional	7.9	8.6	17.1	11.1
Clerical, administrative, technical	52.6	54.3	34.3	47.2
Home industry	2.6	0	0	0.9
Sales	0	2.9	2.9	1.9
Other	0	2.9	2.9	1.9
Housewife	36.8	31.4	42.9	37.0
TOTAL	99.9	100.1	100.1	100.0 (N=108)
MISSING CASES	(0)	(1) (c)	(1) (c)	(2)
Chi-square = 8.17; df = 10; SIGNIFICANCE = .6113				
(a) Other occupations were one poet (Group A) and one artist (Group C).				
(b) Question not asked.				
(c) Missing 'pink sheet' information.				

Table 10 shows the percentage distribution for male and female partners occupation. No significant relationships were shown amongst the groups for either male's or female's occupations.

Table 12: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: FAMILIES WITH CHILDREN; NUMBER OF CHILDREN IN THE FAMILY

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
CHILDREN IN FAMILY				
Yes	91.9	88.2	86.1	88.8
No	8.1	11.8	13.9	11.2
TOTAL	100.0	100.0	100.0	100.0 (N=107)
MISSING CASES	(1) (a)	(2) (b)	(0)	(3)
Chi-square = .63; df = 2; SIGNIFICANCE = .7307				
NUMBER OF CHILDREN	(N=34)	(N=30)	(N=31)	(N=95) (c)
One	17.6	30.0	32.3	26.3
Two	52.9	46.7	41.9	47.4
Three	20.6	10.0	22.6	17.9
Four	5.9	10.0	3.2	6.3
Five	2.9	0	0	1.1
Five+	0	3.3	0	1.1
TOTAL	99.9	100.0	100.0	99.9
Chi-square = 8.61; df = 10; SIGNIFICANCE = .5696				
(a) Woman in uncommitted relationship not asked.				
(b) Information missing from 'pink sheets'.				
(c) N = only families with children.				

Table 12 shows the percentage distribution of sample groups for children in the family and the number of children when there were children. There are no significant relationships amongst the three groups for these two items.

Table 13: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: FAMILIES WITH STEP-CHILDREN

	G R O U P			
	Defectors (N=34)	Single Interview Cases (N=30)	Continuers (N=31)	Sample Total (N=95) (a)
Children from present marriage	70.6	70.0	87.1	75.8
Children from previous marriage	17.6	16.7	6.5	13.7
Children from both present and previous marriage	11.8	13.3	6.5	10.5
TOTAL	100.0	100.0	100.1	100.0
Chi-square = 3.31; df = 4; SIGNIFICANCE = .5073				
(a) N = only those families who had children.				

Table 13 shows the percentage distribution of families with their own children only, with step-children only, and with their own children and step-children. There is no significant relationship amongst the three groups.

Table 16: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: DURATION OF PROBLEM

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
0- 1 month	2.7	2.9	8.3	4.6
2- 6 months	24.3	28.6	16.7	23.1
7-12 months	13.5	17.1	19.4	16.7
13-18 months	2.7	5.7	5.6	4.6
19-24 months	0	0	2.8	0.9
Over 2 years	56.8	45.7	47.2	50.0
TOTAL	100.0	100.0	100.0	99.9 (N=108)
MISSING CASES	(1) (a)	(1) (b)	0	
Chi-square = 6.09; df = 10; SIGNIFICANCE = .8079				
(a) Question accidentally omitted from the telephone interview.				
(b) Not appropriate to ask question, premarital case.				

Table 16 shows the percentage distribution for sample groups for duration of the problem. There was no significant relationship amongst the three sample groups for this item.

Table 17: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: PREVIOUS PROFESSIONAL HELP; PERSON FROM WHOM PROFESSIONAL HELP WAS RECEIVED.

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
PREVIOUS PROFESSIONAL HELP. (a)				
Yes	34.2	14.3	27.8	25.7
No	65.8	85.7	72.2	74.3
TOTAL	100.0	100.0	100.0	100.0 (N=109)
MISSING CASES	(0)	(1) (b)	(0)	(1)
Chi-square = 3.91; df = 2; SIGNIFICANCE = .1414				
HELPER	(N=13)	(N=5)	(N=10)	(N=28) (c)
Medical doctor	8.3	0	0	3.7
Sex therapist	0	0	0	0
Psychologist	41.7	40.0	20.0	33.3
Psychiatrist	16.7	0	40.0	22.2
Minister	0	0	20.0	7.4
Social worker	16.7	0	10.0	11.1
Two or more of the above	16.7	40.0	0	14.8
Other (d)	0	20.0	10.0	7.4
TOTAL	99.9	100.0	100.0	99.9 (N=27)
MISSING CASES	(1) (b)	(0)	(0)	(1)
Chi-square = 14.80; df = 12; SIGNIFICANCE = .2526				
(a) Question: Had you ever had profession help for marriage problems before, either alone or as a couple?				
(b) Question accidentally omitted in the interview.				
(c) N = only those interviewees who had had professional help before				
(d) 'Other' included one case in Group B who had been to Family Planning and one in Group C who had been to Life Line.				

Table 17 shows the percentage distribution of groups for previous professional help, and for those who had received help, who they had received it from. There is no significant relationship amongst the three groups in either of these two items.

Table 21B: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: WHETHER OR NOT CLIENT HAD TOLD PARTNER OF INTENTION TO BOOK AN APPOINTMENT

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
TOLD PARTNER OF INTENTION TO BOOK AN APPOINTMENT				
No	34.2	48.6	28.6	37.0
Yes	65.8	51.4	71.4	63.0
TOTAL	100.0	100.0	100.0	100.0 (N=108)
MISSING CASES	(0)	(1) (a)	(1) (b)	(2)
Chi-square = 3.20; df = 2; SIGNIFICANCE = .2016				
(a) Divorced woman, no partner, not asked.				
(b) Interviewee could not remember				

Table 21B shows the percentage distribution for sample groups for whether or not clients had told their partners of their intention to book an appointment. No significant relationships are shown amongst groups.

Table 23A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: DEGREE TO WHICH INTERVIEWEES AGREED GENERALLY THAT THE FIRST INTERVIEW IN MARRIAGE COUNSELLING SHOULD BE A CONJOINT ONE

	G R O U P				
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)	
1. Strongly agree	31.6	25.7	19.4	25.7	54.1
2. Agree	18.4	31.4	36.1	28.4	
3. Unsure	5.3	17.1	19.4	13.8	32.1
4. Disagree	34.2	17.1	11.1	21.1	
5. Strongly disagree	10.5	8.6	13.9	11.0	
TOTAL	100.0	99.9	99.9	100.0 (N=109)	
MISSING CASES	(0)	(1) (a)	(0)	(1)	
MEAN	(2.74)	(2.51)	(2.63)		

(a) Divorced client not asked this question, no partner.

Table 23B: ANOVA SUMMARY FOR SAMPLE GROUPS BY: DEGREE TO WHICH INTERVIEWEES AGREED THAT THE FIRST INTERVIEW SHOULD BE A CONJOINT ONE.

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	.904	2	.452	.242	.786
Within groups	198.417	106	1.872		
TOTAL	199.321	108	1.846		

Tables 23A and 23B show the percentage distribution and ANOVA for sample groups by the degree to which interviewees agreed generally that the first interview should be a conjoint one. There is no significant difference shown between sample groups means on the ANOVA test. It would seem that there was no great difference in what groups thought generally about conjoint versus individual interviews.



Table 26: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: KNOWLEDGE OF WHAT TO EXPECT IN MARRIAGE COUNSELLING; DESIRE FOR MORE INFORMATION RE SERVICES.

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
KNEW WHAT TO EXPECT				
Yes	15.8	22.2	16.7	18.2
No	84.2	77.8	83.3	81.8
TOTAL	100.0	100.0	100.0	100.0
Chi-square = .59; df = 2; SIGNIFICANCE = .7420				
DESIRE FOR MORE INFORMATION ABOUT SERVICES IN FIRST TELEPHONE CONTACT				
Yes	62.2	47.2	41.7	50.5
Unsure	5.4	8.3	5.6	6.4
No	32.4	44.4	52.8	43.1
TOTAL	100.0	99.9	100.1	100.0 (N=109)
MISSING CASES	(1) (a)	(0)	(0)	(1)
Chi-square = 3.71; df = 4; SIGNIFICANCE = .4466				
(a) Accidental omission of question in interview.				

Table 26 shows the percentage distribution of sample groups for knowledge of what to expect from counselling, and desire for more information about the services in the first telephone contact. There are no significant relationships amongst the three groups. It is also noteworthy that such a high percentage of the total sample (81.1%) said they did not know what to expect when they contacted the agency.

Table 27: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY:  
INTERVIEWEE'S EXPECTATIONS OF ADVICE; EXPECTATION OF  
MORE CHALLENGE FROM COUNSELLOR; EXPECTATION OF MORE  
THAN ONE INTERVIEW

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
EXPECTED ADVICE			
Yes	80.6	66.7	73.6
Unsure	2.8	16.7	9.7
No	16.7	16.7	16.7
TOTAL	100.1	100.1	100.0
Chi-square = 4.04; df = 2; SIGNIFICANCE = .1324			
EXPECTED MORE CHALLENGE			
Yes	44.4	22.9	33.8
Unsure	8.3	11.4	9.9
No	47.2	65.7	56.3
TOTAL	99.9	100.0	100.0 (N=71)
MISSING CASES	(0)	(1) (a)	(1)
Chi-square = 3.96; df = 2; SIGNIFICANCE = .1575			
EXPECTED MORE THAN ONE INTERVIEW			
Yes	77.8	88.9	83.3
Unsure	2.8	2.8	2.8
No	19.4	8.3	13.9
TOTAL	100.0	100.0	100.0
Chi-square = 1.87; df = 2; SIGNIFICANCE = .3932			
(a) Coding omission			

Table 27 shows the percentage distribution for Groups B and C for client's expectations of advice, expectation of more challenge from the counsellor and the expectation of more than one interview. There were no significant relationships amongst the two groups on these three items.

Table 28: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: TIME CLIENTS HAD TO WAIT FOR THEIR FIRST APPOINTMENT.

	G R O U P			
	Defectors (N=38)	Early Terminators (N=36)	Continuers (N=36)	Sample Total (N=110)
1. Appointment on day of first contact	0	8.6	2.8	3.7
2. Appointment in 2-4 days	23.7	45.7	38.9	35.8
3. Appointment in 5-7 days	31.6	28.6	41.7	33.9
4. Appointment in 8-14 days	15.8	8.6	11.1	11.9
5. Appointment in 15 days to one month	2.6	0	2.8	1.8
6. Waited longer than a month	5.3	0	0	1.8
7. Cant remember	21.1	8.6	2.8	11.0
TOTAL	100.1	100.1	100.1	99.9 (N=109)
MISSING CASES	(0)	(1) (a)	(0)	(1)
Chi-square = 18.77; df = 12; SIGNIFICANCE = .0942				
(a) Interviewee could not remember.				

Table 28 shows the percentage distribution for sample groups of the time clients had to wait for their first appointment. While there is no significant relationship amongst the three groups it is interesting to see that no interviewee in Group A, Defectors, had an appointment booked on the day they 'phoned. There was also a smaller percentage of clients in the 2-4 day category in Group A than in Groups B and C. It was therefore decided to collapse this table combining 1 and 2, making one category of an appointment within 0-4 days, and a second category (including 3-7) of having to wait longer than 4 days.

Table 30: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: REFERRAL SOURCE a.

	G R O U P			
	Defectors (N=38)	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=110)
Self-referral	47.4	44.4	50.0	47.3
Network (friends, family, ex client)	31.6	36.1	25.0	30.9
Formal source (e.g. agency, hospital, doctor)	21.1	19.4	25.0	21.8
TOTAL	100.1	99.9	100.0	100.0
Chi-square = 1.11; df = 4; SIGNIFICANCE = .8919				
(a) Question: 'Who or what gave you the idea of contacting FAMSA?				

Table 30 shows the percentage distribution of sample groups for referral source. Clients often said that they knew of FAMSA through the media, but had decided to come themselves. Only when friends, family or ex-clients had suggested that they come was the response recorded as 'network'. A formal referral entailed a referral from another professional. No significant relationship is shown amongst sample groups for this item.

The address of FAMSA W.C. is 'Grootte Kerk' Building. Because of the sensitive nature of marriage counselling, it was hypothesized that some clients could believe that the agency was attached to a church and connote a judgemental attitude. Interviewees were asked 'When you heard FAMSA's address, did you wonder whether FAMSA was affiliated to a church?' Although there was no significant relationship amongst the sample groups, 22.9% of the sample said that they had wondered whether FAMSA was affiliated to a church because of the address. This small sample was then asked how they felt about this. The answers to this question are shown in Table 34.

Table 34A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: INTERVIEWEE'S SUBJECTIVE RESPONSE TO THE BELIEF THAT FAMSA, W.C. WAS AFFILIATED TO A CHURCH. (FAMSA W.C., 814 GROOTTE KERK BUILDING, CAPE TOWN.)

	G R O U P			
	Defectors (N=10)	Single Interview Cases (N=8)	Continuers (N=8)	Sample Total (N=26)
1. Very positive	0	0	0	0
2. Positive	0	12.5	12.5	7.7
3. Indifferent	80.0	25.0	12.5	42.3
4. Negative	20.0	62.5	75.0	50.0
5. Very negative	0	0	0	0
TOTAL	100.0	100.0	100.0	100.0
MEAN	(3.4)	(3.5)	(4.0)	

Table 34B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS FOR: INTERVIEWEE'S SUBJECTIVE RESPONSE TO THE BELIEF THAT FAMSA W.C. WAS AFFILIATED TO A CHURCH

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	.871	2	.436	1.057	.364
Within groups	9.475	23	.412		
TOTAL	10.346	25	.414		

Tables 34A and 34B show the percentage distribution and ANOVA summary for sample groups for the subjective feelings of the 26 interviewees who believed, from the address, that FAMSA was affiliated to a church. No significant difference was shown on the ANOVA comparing the means of the three groups.

Table 37A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: INTERVIEWEE'S AGREEMENT THAT COUNSELLOR WAS WARM IN THE FIRST INTERVIEW (a)

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
1. Strongly agree	30.6	44.4	37.5
2. Agree	47.2	44.4	45.8
3. Unsure	5.6	2.8	4.2
4. Disagree	13.9	8.3	11.1
5. Strongly disagree	2.8	0	1.4
TOTAL	100.1	99.9	100.0
MEAN	(2.1)	(1.69)	
(a) Question: Would you agree or disagree that your counsellor could be described as 'warm'?			

Table 37B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS B AND C FOR INTERVIEWEE'S AGREEMENT THAT COUNSELLOR WAS WARM IN THE FIRST INTERVIEW

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	2.347	1	2.347	2.405	.125
Within groups	68.306	70	.976		
TOTAL	70.653	71	.995		

Tables 37A and 37B show the percentage distribution of Sample Groups B and C and the ANOVA summary for interviewee's agreement that counsellor was warm in the first interview. There are no significant relationships amongst the two groups in this item in either test.

Table 38A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY:  
INTERVIEWEE'S AGREEMENT THAT THE COUNSELLOR WAS EASY  
TO TALK TO IN THE FIRST INTERVIEW

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
1. Strongly agree	20.0	30.6	25.4
2. Agree	77.1	69.4	73.2
3. Unsure	0	0	0
4. Disagree	2.9	0	1.4
5. Strongly disagree	0	0	0
TOTAL	100.0	100.0	100.0 (N=71)
MISSING CASES	(1) (a)	(0)	(1)
MEAN	(1.86)	(1.53)	
Chi-square = 1.95; df = 2; SIGNIFICANCE = .3786			
(a) Question accidentally omitted.			

Table 38B: ANOVA SUMMARY TABLE FOR SAMPLE GROUPS B AND C FOR:  
INTERVIEWEE'S AGREEMENT THAT THE COUNSELLOR WAS EASY  
TO TALK TO IN THE FIRST INTERVIEW.

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	.470	1	.470	1.808	.183
Within groups	17.925	69	.260		
TOTAL	18.394	70	.263		

Tables 38A and 38B show the percentage distribution and ANOVA summary for sample groups by interviewee's agreement that the counsellor was easy to talk to in the first interview. There are no significant relationships between the two groups shown in this item by either Chi-square or ANOVA.

Table 41A: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY: INTERVIEWEE'S AGREEMENT THAT THE COUNSELLOR WAS FAIR TO BOTH PARTNERS, IN THE FIRST INTERVIEW

	G R O U P		
	Single Interview Cases (N=9)	Continuers (N=22)	Sample Total (N=31) (a)
1. Strongly agree	33.3	22.7	25.8
2. Agree	33.3	68.2	58.1
3. Unsure	0	0	0
4. Disagree	22.2	9.1	9.1
5. Strongly disagree	11.1	0	0
TOTAL	99.9	100.0	100.0
MEAN	(2.44)	(1.95)	
Chi-square = 4.91; df = 3; SIGNIFICANCE = .1783			
Question: Would you agree or disagree that your counsellor was equally fair to both of you?			
(a) The only valid cases for this question were couples who came together in the first interview N = 30. (See Table 4.)			
(b) One additional case where partner came later, was accidentally included in Group C.			

Table 41B: ANOVA SUMMARY TABLE FOR INTERVIEWEE'S AGREEMENT THAT THE COUNSELLOR WAS FAIR TO BOTH PARTNERS IN THE FIRST INTERVIEW

Source of variation	Sum of squares	df	Mean squares	F	Significance of F
Between groups	1.533	1	1.533	1.426	.242
Within groups	31.177	29	1.075		
TOTAL	32.710	30	1.090		

Tables 41A and 41B show the percentage distribution of sample Groups B and C and the ANOVA summary for interviewee's agreement that the counsellor was fair to both partners in the first interview. No significant relationship is shown between groups on the Chi-square test, and no significant difference is shown between sample group means on the ANOVA.



Table 48: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY: WHETHER CLIENTS WHO CAME ALONE TO THE FIRST INTERVIEW WERE ASKED TO BRING THEIR PARTNER TO THE NEXT INTERVIEW.

	G R O U P		
	Single Interview Cases (N=27)	Continuers N(=15)	Sample Total (N=42) (a)
Yes	88.9	85.7	87.8
No	11.1	14.3	12.2
TOTAL	100.0	100.0	100.0 (N=41)
MISSING CASES	(0)	(1) (b)	(1)
Corrected Chi-square = .00; df = 1; SIGNIFICANCE = 1.0000			
Question: Did your counsellor ask you to invite your partner to the next interview?			
(a) N = 42 clients who came to the first interview alone.			
(b) Woman who came alone for divorce counselling, not asked.			

Table 48 shows the percentage distribution for sample Groups B and C by clients who came alone being asked to bring their partner to the next interview. There is no significant relationship between the two groups.

Although the question was not part of the structured interview, 60% (9 out of 15) of Group C (Continuers) who came alone to the first interview spontaneously gave information that their partner had come to counselling at a later stage. This was presumably in response to the counsellor's suggestion that the partner be invited.

Table 51: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY:  
COUNSELLOR LANGUAGE; POSITION IN THE AGENCY.

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
COUNSELLOR LANGUAGE			
English	25.0	30.6	27.8
Afrikaans	75.0	69.4	72.2
TOTAL	100.0	100.0	100.0
Corrected Chi-square = .069; df = 1; SIGNIFICANCE = .7925			
POSITION IN AGENCY			
Volunteer	38.9	38.9	38.9
Employed social worker	61.1	61.1	61.1
TOTAL	100.0	100.0	100.0
Corrected Chi-square = .00; df = 1; SIGNIFICANCE = 1.0000			

Table 51 shows the percentage distribution for Groups B and C for counsellor's language and position in the agency. There were no significant relationships between the two groups, on either item.

Table 52: PERCENTAGE DISTRIBUTION FOR SAMPLE GROUPS B AND C BY:  
COUNSELLOR'S AGE.

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
AGE IN YEARS			
27	41.7	25.0	33.3
35	2.8	5.6	4.2
41	25.0	25.0	25.0
42	2.8	2.8	2.8
43	5.6	16.7	11.1
46	11.1	8.3	9.7
56	8.3	8.3	8.3
58	2.8	8.3	5.6
TOTAL	100.1	100.0	100.0
Chi-square = 4.98; df = 7; SIGNIFICANCE = .6629			

Table 52 shows the percentage distribution for sample groups by counsellor's age. The relationship between the groups is not significant.

Table 53: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY:  
YEARS OF MARRIAGE COUNSELLING EXPERIENCE; UNISA DIPLOMA

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
YEARS OF MARRIAGE COUNSELLING EXPERIENCE			
1 year	77.8	55.6	66.7
3 years	5.6	5.6	5.6
4 years	2.8	16.7	9.7
6 years	2.8	5.6	4.2
8 years	8.3	8.3	8.3
24 years	2.8	8.3	5.6
TOTAL	100.0	100.0	100.0
Chi-square = 6.24; df = 5; SIGNIFICANCE = .2837			
UNISA DIPLOMA			
Yes	38.9	47.2	43.1
No	61.1	52.8	56.9
TOTAL	100.0	100.0	100.0
Corrected Chi-square = .226; df = 1; SIGNIFICANCE = .6341			

Table 53 shows the percentage distribution for sample Groups B and C for years of marriage counselling experience and one or more years of marriage counselling experience and for having the Unisa Marriage Counselling Diploma. No significant association was shown between groups for years of marriage counselling experience or for having the Unisa Diploma.

Table 54: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS B AND C BY:  
GENERAL SOCIAL WORK EXPERIENCE OF COUNSELLOR

	G R O U P		
	Single Interview Cases (N=26)	Continuers (N=20)	Sample Total (N=46) (a)
GENERAL SOCIAL WORK EXPERIENCE OF COUNSELLOR			
2 years	3.8	10.0	6.5
4 years	15.4	10.0	13.0
5 years	57.7	45.0	52.2
16 years	23.1	35.0	28.3
TOTAL	100.0	100.0	100.0
Chi-square = 1.82; df = 3; SIGNIFICANCE = .6094			
(a) N = only counsellors who had general social work experience.			

Table 54 shows the percentage distribution for sample Groups B and C for years of general social work experience of counsellor. There are no significant relationships shown between groups for this item. The fact that there is no association between years of social work experience and client engagement in marriage counselling, may be of interest.

Table 60: PERCENTAGE DISTRIBUTION OF SAMPLE GROUP B FOR THE COUNSELLOR'S EXPLANATION OF THE CLIENTS ONLY ATTENDING ONE INTERVIEW. TOTAL SAMPLE, SINGLE INTERVIEW CASES (N=36)

Client stated difficulty overcome plus evidence	9.1	} 51.6% some degree of help given?
Client stated difficulty overcome, counsellor dubious	6.1	
Client stated relationship improved, or way out of problem seen	18.2	
Client helped personally, but problem not solved	18.2	
Client stated no improvement	6.1	
Referred elsewhere	6.1	
Next appointment not kept	6.1	
<u>Spouse refused to come</u>	30.3	
Practical reasons	0	
TOTAL	100.2	
MISSING CASES	(3)	(Missing 'pink sheet' information)

Table 60 shows the percentage distribution of the counsellor's reasons why clients only attend one interview. When cases are closed, counsellors are required to tick one alternative on the 'pink sheet' to indicate why clients did not return. (See 'pink sheet', Appendix 1 page 3.) While it is not appropriate to assume that ticking one alternative is the counsellor's last word on the matter, it may be relevant to note that in 51% of cases, the counsellor's responses on the 'pink sheet' reflect the belief that help of some sort was given.

Table 61: PERCENTAGE DISTRIBUTION FOR GROUP A, DEFECTORS FOR LATER HELP RECEIVED: PERCENTAGE DISTRIBUTION FOR GROUP B, SINGLE INTERVIEW CASES, FOR LATER HELP RECEIVED: RECOMMENDATION OF FAMSA

LATER HELP	GROUP A DEFECTORS (N=38)
Went elsewhere for help	15.8
Came to FAMSA later	21.1
Did not seek help anywhere	63.2
TOTAL	100.1

LATER HELP	GROUP B, SINGLE INTERVIEW CASES (N=36)
Sought help elsewhere	25.0
Did not seek other help	75.0
TOTAL	100.0

RECOMMENDATION OF FAMSA	GROUP B, SINGLE INTERVIEW CASES (N=56)
Would recommend FAMSA to a friend with marital problems	80.6
Unsure	16.7
Would not recommend FAMSA to a friend with marital problems	2.8
TOTAL	100.1

Table 61 shows the percentages of Group A, Defectors, and Group B, Single Interview Cases, who sought help elsewhere after not coming or only coming once to FAMSA W.C. 63% of Defectors did not seek help later, while 75% of Single Interview Cases did not seek help later.

Table 61 also shows the percentages of Single Interview Cases who would recommend FAMSA to a friend. 80.6% said that they would recommend FAMSA to a friend with marital problems.

Table 62: PERCENTAGE DISTRIBUTION OF SAMPLE GROUPS BY: LENGTH OF TIME OF THE FIRST INTERVIEW.

	G R O U P		
	Single Interview Cases (N=36)	Continuers (N=36)	Sample Total (N=72)
TIME IN HOURS			
0- 1 hour	42.9	42.4	42.6
1.05-2 hours	48.6	48.5	48.5
2.05-3 hours	8.6	9.1	8.8
TOTAL	100.0	100.0	99.9
Chi-square = .006; df = 2; SIGNIFICANCE = .9970			

Table 62 shows the percentage distribution for sample Groups B and C for the length of time of the first interview. There were no significant relationships shown between the two groups.



## A P P E N D I X 5

HANDOUT ON INFORMATION TO HELP CLIENTS

ORIENTATE THEMSELVES TOWARDS MARRIAGE COUNSELLING

FAMILIE- & HUWELIKSVERENIGING VAN S.A.



FAMILY & MARRIAGE SOCIETY OF S.A.

WES-KAAPLANDSE VERENIGING / WESTERN CAPE SOCIETY  
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*Lid van die Gemeenskapskas van Wes-Kaapland  
Member of the Community Chest of the Western Cape*

## INFORMATION TO HELP CLIENTS ORIENTATE THEMSELVES TOWARDS MARRIAGE COUNSELLING

### A. PRINCIPLES UNDERLYING TREATMENT

1. Principle of personal responsibility, i.e. If you want to have a loving caring relationship, you have to be prepared to make changes in your own behaviour to bring this about.
2. Change first principle. Some couples who come for counselling have moved into polarized positions - waiting for the other person to make the first move to change. It is very important to take responsibility for initiating change first, and not to wait for your partner to do so.
3. Principle of 'asif'. If you act 'asif' positive change is possible, it is much more likely to occur. Alternatively a negative attitude can actually sabotage positive change.
4. Change can only take place in small steps.
5. In order to change feelings, it is important to first change behaviour, i.e. feelings follow actions. Adapted from Stuart (1980).

### B. YOUR COUNSELLOR WILL OFFER:

1. Preferably conjoint counselling, i.e. seeing couples together.
2. The focus will be on the interaction in the present.
3. You will be offered a positive change programme, i.e. building on strengths and resources in the relationship.
4. Your counsellor will try with you to clarify the goals of counselling and how this is to be approached - in other words to make a 'contract' to work on certain aspects of the relationship with you.
5. Your counsellor will give you feedback and help you identify steps you need to take.

### C. YOUR ROLE - As to put your full energy into the counselling process by:

- a) participating fully and keeping appointments
- b) doing homework carefully and continuing the process at home
- c) by asking questions and clarifying any matter which is unclear.

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